

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001146

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**3941558231CC**

**Entity Name:** DERMAZONE SOLUTIONS, INC.

**Current Principal Place of Business:**

2440 30TH AVE NORTH  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

2440 30TH AVE NORTH  
ST PETERSBURG, FL 33713

**FEI Number:** 20-5936669

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUFFEY, DEBORAH L  
2440 30TH AVE NORTH  
ST PETERSBURG, FL 33713 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DUFFEY, DEBORAH L  
Address 2440 30TH AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33713

Title DIRECTOR  
Name ANGELINI, FILIPPO  
Address 2020, 250 5TH ST SW  
City-State-Zip: CALGARY AB T2P 0R4

Title DIRECTOR  
Name BEIBER, BRENT  
Address 2020, 250 5TH ST SW  
City-State-Zip: CALGARY AB T2P 0R4

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH DUFFEY

**PRESIDENT**

**01/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date