

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001474

**Entity Name:** TRXADE GROUP, INC.

**Current Principal Place of Business:**

3840 LAND O'LAKES BLVD  
LAND O'LAKES, FL 34639

**Current Mailing Address:**

P.O. BOX 1186  
LAND O'LAKES, FL 34639 US

**FEI Number: 46-3673928**

**Certificate of Status Desired: Yes**

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

AJJARAPU, SUREN  
3840 LAND O'LAKES BLVD  
LAND O'LAKES, FL 34639 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 CHRM  
Name AJJARAPU, SUREN  
Address 3840 LAND O'LAKES BLVD  
City-State-Zip: LAND O'LAKES FL 34639

Title VCHR  
Name PATEL, PRASHANT  
Address 3840 LAND O'LAKES BLVD  
City-State-Zip: LAND O'LAKES FL 34639

Title P  
Name PATEL, PRASHANT  
Address 3840 LAND O'LAKES BLVD  
City-State-Zip: LAND O'LAKES FL 34639

Title D  
Name FELL, DONALD  
Address 3840 LAND O'LAKES BLVD  
City-State-Zip: LAND O'LAKES FL 34639

Title D  
Name PETERSON, MICHAEL  
Address 3840 LAND O'LAKES BLVD  
City-State-Zip: LAND O'LAKES FL 34639

*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: SUREN AJJARAPU**

**CEO**

**02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date