## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000205

Entity Name: GOOD METHODS GLOBAL INC.

**Current Principal Place of Business:** 

2954 MALLORY CIR STE 209 KISSIMMEE. FL 34747

**Current Mailing Address:** 

2954 MALLORY CIR STE 209 KISSIMMEE, FL 34747 US

FEI Number: 47-2504474 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 515 EAST PARK AVENUE 2ND FL TALLAHASSEE, FL 32301 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

FILED Apr 23, 2020

**Secretary of State** 

7785004620CC

Officer/Director Detail:

Title SECRETARY Title OFFICER

NameCOOK, KEVINNameKRISHNA, ABILASH TAddress3943 W. AUDEN CIRAddress3943 W. AUDEN CIR

City-State-Zip: MISSOURI CITY TX 77459 City-State-Zip: MISSOURI CITY TX 77459

Title OFFICER Title OFFICER

Name SIVADASAN, BABU VINOD Name KIRANI, SHEKHAR

Address 44144 IBERO WAY Address 5TH FLOOR EBENE ESPLANADE 24

BANK STREET

City-State-Zip: FREMONT CA 94539 City-State-Zip: CYBERCITY

Title OFFICER \_\_\_\_

Name THOMAS, ANTHONY Title OFFICER

Name BYERS, CARL

Address PNRA G37 PARINTHIRICKAL

PRANAVAM GARDENS MANNANTHA

Address
ONE MAIN STREET 13TH FLOOR

City-State-Zip: TRIVANDRUM 695015 City-State-Zip: CAMBRIDGE MA 02142

Title OFFICER

Name KUMAR, PUNEET

Address C-4303, LODHA FLORENZA,

**GOREGOAN EAST** 

City-State-Zip: MUMBAI 400063

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: KEVIN COOK SECRETARY 04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date