

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002536

Entity Name: ORGANICELL REGENERATIVE MEDICINE, INC.

Current Principal Place of Business:

1951 NW 7TH AVE
SUITE 300
MIAMI, FL 33136

Current Mailing Address:

4045 SHERIDAN AVE.,STE 239
MIAMI BEACH, FL 33140

FEI Number: 47-4180540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRANI, RYNOR, ADAMSKY & TOLAND PA
301 ARTHUR GODFREY ROAD
PENTHOUSE
MIAMI BEACH, FL 33140 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: ISAAC MITRANI

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT, DIRECTOR
Name MITRANI, ALBERT
Address 4045 SHERIDAN AVE.,STE 239
City-State-Zip: MIAMI BEACH FL 33140

Title CFO, DIRECTOR
Name BOTHWELL, IAN T.
Address 4045 SHERIDAN AVE.,STE 239
City-State-Zip: MIAMI BEACH FL 33140

Title CHIEF SCIENCE OFFICER, DIRECTOR
Name MITRANI, MARIA
Address 4045 SHERIDAN AVE.,STE 239
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR, CHIEF MEDICAL OFFICER
Name SHAPIRO, GEORGE DR.
Address 4045 SHERIDAN AVE
SUITE 239
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name MEGLIN, ALLEN
Address 4045 SHERIDAN AVE.,STE 239
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name CARBONARA, MICHAEL
Address 4045 SHERIDAN AVE.,STE 239
City-State-Zip: MIAMI BEACH FL 33140

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: IAN BOTHWELL

CFO

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date