

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F15000002536

**Entity Name:** ORGANICELL REGENERATIVE MEDICINE, INC.

**Current Principal Place of Business:**

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

**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

06/28/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title CEO, D  
Name IGLESIAS, MANUEL E.  
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

06/28/2018

Electronic Signature of Signing Officer/Director Detail

Date