2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002536

Entity Name: ORGANICELL REGENERATIVE MEDICINE, INC.

FILED
Mar 15, 2021
Secretary of State
8007311316CC

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 03/15/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 CEO, PRESIDENT, DIRECTOR
 Title
 CFO, DIRECTOR

 Name
 MITRANI, ALBERT
 Name
 BOTHWELL, IAN T.

Address 4045 SHERIDAN AVE.,STE 239 Address 4045 SHERIDAN AVE.,STE 239

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title CHIEF SCIENCE OFFICER, DIRECTOR Title DIRECTOR, CHIEF MEDICAL OFFICER

Name MITRANI, MARIA Name SHAPIRO, GEORGE DR.

Address 4045 SHERIDAN AVE.,STE 239 Address 4045 SHERIDAN AVE SUITE 239

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR Title DIRECTOR

Name MEGLIN, ALLEN Name CARBONARA, MICHAEL

Address 4045 SHERIDAN AVE.,STE 239
Address 4045 SHERIDAN AVE.,STE 239

City-State-Zip: MIAMI BEACH FL 33140 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.

CFO

SIGNATURE: IAN BOTHWELL