# 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003724

Entity Name: EARNIX, INC.

### **Current Principal Place of Business:**

191 POST ROAD WEST WESTPORT, CT 06880

# **Current Mailing Address:**

465 WAVERLEY OAKS RD. SUITE420 WALTHAM, MA 02452-8496 US

# FEI Number: 04-3545079

### Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR, STE A TALLAHASSEE, FL 32301-2525 US FILED Feb 27, 2020 Secretary of State 5189352124CC

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PD	Title	D	
Name	ZIV, UDI	Name	KRIKLER, SAMMY	
Address	4 ARIEL SHARON ST.	Address	4 ARIEL SHARON ST.	
City-State-Zip:	GIV'ATAYIM 53200-45	City-State-Zip:	GIV'ATAYIM 53200-45	
Title	т	Title	D	
Name	MAOR, RONIT	Name	FRENKEL, AMIT	
Address	4 ARIEL SHARON ST.	Address	4 ARIEL SHARON ST.	
City-State-Zip:	GIV'ATAYIM 53200-45	City-State-Zip:	GIV'ATAYIM 53200-45	
Title	D	Title	D	
Title Name	D DARMON, FIONA	Title Name	D MARGALIT, EREL	
	-			
Name	DARMON, FIONA 4 ARIEL SHARON ST.	Name	MARGALIT, EREL 4 ARIEL SHARON ST.	
Name Address City-State-Zip:	DARMON, FIONA 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45	Name Address	MARGALIT, EREL 4 ARIEL SHARON ST.	
Name Address	DARMON, FIONA 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45 D	Name Address City-State-Zip:	MARGALIT, EREL 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45	
Name Address City-State-Zip: Title	DARMON, FIONA 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45	Name Address City-State-Zip: Title	MARGALIT, EREL 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45 D	
Name Address City-State-Zip: Title Name	DARMON, FIONA 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45 D SHANI, HAIM 4 ARIEL SHARON ST.	Name Address City-State-Zip: Title Name	MARGALIT, EREL 4 ARIEL SHARON ST. GIV'ATAYIM 53200-45 D MENACHEM, REUVEN BEN	

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: UDI ZIV	PRESIDENT	02/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

Date