

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002028

Entity Name: LACTALOGICS, INC.**Current Principal Place of Business:**8883 S US HWY 1
PORT ST LUCIE, FL 34952**Current Mailing Address:**8883 S US HWY 1
PORT ST LUCIE, FL 34952 US**FEI Number:** 38-3938861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SNOW, RACHELLE
8883 S US HWY 1
PORT ST LUCIE, FL 34952 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:** RACHELLE SNOW

02/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY, DIRECTOR
Name SNOW, GLENN W
Address 774 MAYS BLVD
STE 10443
City-State-Zip: INCLINE VILLAGE NV 89451

Title DIRECTOR
Name SNOW, RACHELLE J
Address 774 MAYS BLVD
STE 10443
City-State-Zip: INCLINE VILLAGE NV 89451

Title TREASURER
Name MUELLER, WENDY
Address 527 LANDER STREET
City-State-Zip: RENO NV 89509

Title DIRECTOR
Name MURRAY, ALAN
Address 443 8TH AVE. S
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name NIKLAS, VICTORIA
Address 1651 NORTH BEVERLY DRIVE
City-State-Zip: BEVERLY HILLS CA 90210

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: RACHELLE SNOW

DIRECTOR

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date