

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004580

**Entity Name:** BROKEN SPOKE OUTFITTERS, INC.**Current Principal Place of Business:**303 5TH AVE W  
VANCOUVER, BC V5Y 1J6**Current Mailing Address:**303 5TH AVE W  
VANCOUVER, BC V5Y 1J6 CA**FEI Number:** 37-1769038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	XAUSA, DAVIDE
Address	303 5TH AVE W
City-State-Zip:	VANCOUVER BC V5Y 1J6

Title	DIRECTOR
Name	GUILLEMET, CHRIS
Address	303 5TH AVE W
City-State-Zip:	VANCOUVER BC V5Y 1J6

Title	DIRECTOR
Name	MARTIN, BORIS
Address	303 5TH AVE W
City-State-Zip:	VANCOUVER BC V5Y 1J6

Title	VP
Name	VLEK, JENNIFER
Address	303 5TH AVE W
City-State-Zip:	VANCOUVER BC V5Y 1J6

*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:** JENNIFER VLEK**AUTHORIZED PERSON****04/16/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date