

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004580

Entity Name: BROKEN SPOKE OUTFITTERS, INC.**Current Principal Place of Business:**40 E MAIN ST
SUITE 959
NEWARK, DE 19711**Current Mailing Address:**303 5TH AVE W
VANCOUVER, BRITISH COLUMBIA 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	40 E MAIN ST SUITE 959
City-State-Zip:	NEWARK DE 19711

Title	DIRECTOR, SECRETARY
Name	GUILLEMET, CHRIS
Address	40 E MAIN ST SUITE 959
City-State-Zip:	NEWARK DE 19711

Title	DIRECTOR, TREASURER
Name	MARTIN, BORIS
Address	40 E MAIN ST SUITE 959
City-State-Zip:	NEWARK DE 19711

Title	VP
Name	VLEK, JENNIFER
Address	40 E MAIN ST SUITE 959
City-State-Zip:	NEWARK DE 19711

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

VICE PRESIDENT

01/25/2024

Electronic Signature of Signing Officer/Director Detail_____
Date