

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001740

**Entity Name:** NO-DES, INC.**Current Principal Place of Business:**1860 BOSQUE FARMS BLVD  
BOSQUE FARMS, NM 87068**Current Mailing Address:**5838 NW 170TH AVE  
PORTLAND, OR 97229 US**FEI Number:** 26-0461308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH ST N #300  
ST PETERSBURG, FL 33702 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  
Name            WILKINSON, CHRIS  
Address        1860 BOSQUE FARMS BLVD  
City-State-Zip: BOSQUE FARMS NM 87068

Title            SECRETARY  
Name            GAVAR, KEVIN  
Address        1860 BOSQUE FARMS BLVD  
City-State-Zip: BOSQUE FARMS NM 87068

Title            VP  
Name            PRIMACK, RUSSELL  
Address        1860 BOSQUE FARMS BLVD  
City-State-Zip: BOSQUE FARMS NM 87068

Title            TREASURER  
Name            SREBNICK, BARRY ALAN  
Address        1860 BOSQUE FARMS BLVD  
City-State-Zip: BOSQUE FARMS NM 87068

Title            DIRECTOR  
Name            BENTLEY, CHRISTINA  
Address        1860 BOSQUE FARMS BLVD  
City-State-Zip: BOSQUE FARMS NM 87068

Title            DIRECTOR  
Name            EISEN, RICHARD  
Address        1860 BOSQUE FARMS BLVD  
City-State-Zip: BOSQUE FARMS NM 87068

*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:** CHRIS WILKINSON**PRESIDENT****03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date