

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002171

**Entity Name:** ASGARD GROUP, INC.

**Current Principal Place of Business:**

1655 PALM BEACH LAKES BOULEVARD  
SUITE 401  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1655 PALM BEACH LAKES BLVD.  
SUITE 401  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 65-0368003

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOVETTE, BRADFORD S  
1655 PALM BEACH LAKES BLVD.  
SUITE 401  
WEST PALM BEACH, FL 33401 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 PD  
Name LOVETTE, BRADFORD S  
Address 431 SEABREEZE AVENUE  
City-State-Zip: PALM BEACH FL

Title DST  
Name OHIGASHI, IKUYO  
Address 431 SEABREEZE AVENUE  
City-State-Zip: PALM BEACH FL

Title ASSISTANT SECRETARY  
Name ADLER, MICHELE E.  
Address 1655 PALM BEACH LAKES BLVD.  
SUITE 401  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** BRADFORD S LOVETTE

**PRESIDENT**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date