

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006468

**Entity Name:** ARISE VIRTUAL SOLUTIONS INC.

**Current Principal Place of Business:**

3450 LAKESIDE DR  
6TH FL  
MIRAMAR, FL 33027

**Current Mailing Address:**

3450 LAKESIDE DR  
6TH FL  
MIRAMAR, FL 33027 US

**FEI Number:** 98-0151557

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/CEO  
Name            THUKRAL, MOHIT  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

Title            TREASURER/CFO  
Name            MORRIS, JAMES  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

Title            SECRETARY  
Name            GRAF, CATHERINE MATHEWS  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

Title            DIRECTOR  
Name            THUKRAL, MOHIT  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

Title            DIRECTOR  
Name            GRAF, CATHERINE MATHEWS  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

Title            DIRECTOR  
Name            PADRON, ROBERTO  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

Title            CHIEF ACCOUNTING OFFICER & SVP  
Name            SANSON-HILL, ANA  
Address        3450 LAKESIDE DR  
                  6TH FL  
City-State-Zip: MIRAMAR FL 33027

*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:** CATHERINE MATHEWS GRAF

**SECRETARY**

**04/11/2024**

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

\_\_\_\_\_  
Date