

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004006

Entity Name: IDOM, INC.**Current Principal Place of Business:**330 2ND AVE S
SUITE 600
MINNEAPOLIS, MN 55401**Current Mailing Address:**330 2ND AVE S
SUITE 600
MINNEAPOLIS, MN 55401 US**FEI Number:** 41-1377685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
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 | DIRECTOR |
| Name | REY CEPEDA, ALVARO |
| Address | AVENIDA ZARANDOA, 23 |
| City-State-Zip: | BILBAO 48015 |

| | |
|-----------------|---|
| Title | CHIEF FINANCIAL OFFICER/DIRECTOR/TREASURER |
| Name | BARBIER, MIGUEL RENOBLES |
| Address | AVENIDA ZARANDOA, 23, |
| City-State-Zip: | BILBAO 48015 |

| | |
|-----------------|------------------------|
| Title | CHAIRMAN/DIRECTOR |
| Name | LLOPIS, LUIS RODRIGUEZ |
| Address | AVENIDA ZARANDOA, 23 |
| City-State-Zip: | BILBAO 48015 |

| | |
|-----------------|------------------------------|
| Title | PRESIDENT/SECRETARY/DIRECTOR |
| Name | LORENTZ, THOMAS |
| Address | 330 2ND AVE S, SUITE 600 |
| City-State-Zip: | MINNEAPOLIS MN 55401 |

| | |
|-----------------|--------------------------|
| Title | VP |
| Name | ALVAREZ, JAVIER |
| Address | 330 2ND AVE S, SUITE 600 |
| City-State-Zip: | MINNEAPOLIS MN 55401 |

| | |
|-----------------|----------------------|
| Title | CEO/DIRECTOR |
| Name | GOMEZ, IGNACIO REY |
| Address | AVENIDA ZARANDOA, 23 |
| City-State-Zip: | BILBAO 48015 |

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: THOMAS LORENTZ**PRESIDENT/SECRETARY/** 04/15/2024
DIRECTOR_____
Electronic Signature of Signing Officer/Director Detail_____
Date