

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009903

**Entity Name:** ANDRES KASPER INSTITUTE, INC.**Current Principal Place of Business:**2525 W GOLF BLVD, APT 223  
POMPANO BEACH, FL 33064-3239**Current Mailing Address:**2525 W GOLF BLVD, APT 223  
POMPANO BEACH, FL 33064-3239**FEI Number:** 26-4538580**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAUFMAN, DANA M  
1001 BRICKELL BAY DRIVE  
SUITE 2650  
MIAMI, FL 33131 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:** DANA M. KAUFMAN

02/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	KASPER, JULINDA
Address	RUA PEDRO BAGGIO,800 83.430-000
City-State-Zip:	PARANA BRAZIL

Title	D
Name	KASPER, ISOMAR SADI
Address	RUA PEDRO BAGGIO,800 83.430-000
City-State-Zip:	PARANA BRAZIL

Title	D
Name	KASPER, BRUNO F
Address	RUA DOS PASSIONISTAS,60,APT301,80.035-160
City-State-Zip:	CURITIBA BRAZIL

Title	O
Name	MARIA, SOBEL
Address	2525 W GOLF BLVD, APT 223
City-State-Zip:	POMPANO BEACH FL 33064

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULINDA DE SOUZA SANTOS KASPER**PRESIDENT**

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date