

FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Entity Name: THE ELASTIC MIND PROJECT, INC.

**Secretary of State
CC3394284628**

Current Principal Place of Business:

6499 NORTH POWERLINE ROAD
208
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6499 NORTH POWERLINE ROAD
208
FORT LAUDERDALE, FL 33309

FEI Number: 38-3834257

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRAUSS, DAVID AESQ.
401 EAST LAS OLAS BLVD
1400
FORT LAUDERDALE, FL 33301 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 CEOP
Name MIKE, BUTLER
Address 6499 POWERLINE ROAD, #208
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name CASTRO, FANIA
Address 6499 POWERLINE ROAD, #208
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name RAMIREZ, YAMILET
Address 6499 POWERLINE ROAD, #208
City-State-Zip: FORT LAUDERDALE, FL 33309

Title COO
Name PIZA, DIEGO ESTEBAN
Address 6499 POWERLINE ROAD, #208
City-State-Zip: FORT LAUDERDALE FL 33309

Title CFO
Name MOSLEY, CLAUDIA
Address 6499 POWERLINE ROAD, #208
City-State-Zip: FORT LAUDERDALE FL 33309

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:

Electronic Signature of Signing Officer/Director Detail

Date