

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004346

Entity Name: PAIN 2 PURPOSE, INC.

Current Principal Place of Business:

11238 SW 229TH TERR
MIAMI, FL 33170

Current Mailing Address:

P.O. BOX 700909
MIAMI, FL 33170 US

FEI Number: 82-1290084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, SHANDANEKA
11238 SW 229TH TERR
MIAMI, FL 33170 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: SHANDANEKA ROBERTS

08/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|------------------------|-----------------|-----------------|
| Title | P | Title | C |
| Name | ROBERTS, SHANDANEKA | Name | SANTANA, SARAH |
| Address | P.O. BOX 700909 | Address | P.O. BOX 700909 |
| City-State-Zip: | MIAMI FL 33170 | City-State-Zip: | MIAMI FL 33170 |
| Title | S | Title | T |
| Name | ALONSO-BURFORD, TORIKA | Name | BROOKS, LYNETTE |
| Address | P.O. BOX 700909 | Address | P.O BOX 700909 |
| City-State-Zip: | MIAMI FL 33170 | City-State-Zip: | MIAMI FL 33170 |

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: SHANDANEKA ROBERTS

PRESIDENT

08/28/2023

Electronic Signature of Signing Officer/Director Detail

Date