

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011121

**Entity Name:** COFFEE WITH SISTER VASSA INC.

**Current Principal Place of Business:**

301 CLEMATIS STREET  
SUITE 3000  
WEST PALM BEACH, FL 33410

**Current Mailing Address:**

301 CLEMATIS STREET  
SUITE 3000  
WEST PALM BEACH, FL 33410 US

**FEI Number:** 84-3453727

**Certificate of Status Desired:** No

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

RISC CONTROL MANAGEMENT INC.  
444 BRICKELL AVE  
SUITE 51103  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LARIN, VARVARA BARBARA DR.  
Address FRANZ JOSEFS KAI 29/607  
City-State-Zip: VIENNA 1010

Title EXECUTIVE SECRETARY  
Name GALETZKA, CHRISTIAN  
Address 4281 EXPRESS LN APT L3604  
City-State-Zip: SARASOTA FL 34249

Title DEACON  
Name FILLIPAKIS, ALEXANDRA DR.  
Address 41 MARINA DR.  
City-State-Zip: HAVERHILL MA 01830

*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:** DR. VARVARA BARBARA LARIN

**DIRECTOR**

**01/28/2021**

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

\_\_\_\_\_  
Date