

2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P13000008029

Entity Name: LOIPART USA, INC.**Current Principal Place of Business:**3921 SW 47TH AVE,SUITE 1012
DAVIE, FL 33314**Current Mailing Address:**3921 SW 47TH AVE,SUITE 1012
DAVIE, FL 33314 US**FEI Number:** 80-0888364**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RITAMAKI , MARKUS A
3921 SW 47TH AVENUE
SUITE 1012
DAVIE, FL 33314 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:** MARKUS RITAMAKI**08/13/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	JOKINEN, JUHA
Address	TANHUANPAANTIE 3
City-State-Zip:	EURA 27510

Title	CHAIRMAN
Name	FLYGARE, PATRICK
Address	LYSHOLMSVAGEN 21
City-State-Zip:	SARO 42942

Title	CEO
Name	RITAMAKI, MARKUS A
Address	5469 GRANDE PALM CIR
City-State-Zip:	DELRAY BEACH FL 33484

Title	CHIEF ACCOUNTING OFFICER
Name	PATEL, HETAL
Address	4682 SAINT SIMON DR
City-State-Zip:	COCONUT CREEK FL 33073

Title	VP
Name	MYLLYMAA, JUHA
Address	MAIJANTANHUA 8
City-State-Zip:	KAUTTUA 27500

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: MARKUS RITAMAKI**REGISTERED
AGENT/CEO****08/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date