

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000000868

Entity Name: TB AMERICAS INC.**Current Principal Place of Business:**77 OLD KINGS HIGHWAY
MAPLE SHADE, NY 08052**Current Mailing Address:**77 OLD KINGS HIGHWAY
MAPLE SHADE, NY 08052 US**FEI Number: 81-4912831****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALTON NORTH AMERICA INC.
444 BRICKELL AVENUE
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	DT
Name	KOLLER, BENJAMIN
Address	77 OLD KINGS HIGHWAY
City-State-Zip:	MAPLE SHADE NY 08052

Title	D
Name	REUSCH, FLORIAN
Address	77 OLD KINGS HIGHWAY
City-State-Zip:	MAPLE SHADE NY 08052

Title	S
Name	VON EYB, FLORIAN
Address	590 MADISON AVE, 6TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	VPC
Name	GALLER, CHRISTOPH
Address	77 OLD KINGS HIGHWAY
City-State-Zip:	MAPLE SHADE NY 08052

Title	P
Name	DOERIG, MICHAEL
Address	77 OLD KINGS HIGHWAY
City-State-Zip:	MAPLE SHADE NY 08052

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: MICHAEL DOERIG**PRESIDENT****04/28/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date