

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000035490

**Entity Name:** ABSOLUTE OF AMERICAS INC.

**Current Principal Place of Business:**

509 MADISON AVENUE  
SUITE 1510  
NEW YORK, NY 10022

**Current Mailing Address:**

509 MADISON AVENUE  
SUITE 1510  
NEW YORK, NY 10022 US

**FEI Number:** 61-1848827

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, TREASURER  
Name            MASTROIANNI, CESARE  
Address        VIA F. PETRARCA, 4  
City-State-Zip: PODENZANO 29027

Title            S  
Name            VALLA, ANTONIO  
Address        333 BUSH STREET  
                 SUITE 2020  
City-State-Zip: SAN FRANCISCO CA 94104

Title            D  
Name            GOBBI, PATRIZIA  
Address        VIA F. PETRARCA, 4  
City-State-Zip: PODENZANO PC 29027

Title            ASST. SECRETARY  
Name            GIOVINE, MARCO  
Address        333 BUSH STREET  
                 SUITE 2020  
City-State-Zip: SAN FRANCISCO CA 94104

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:** CESARE MASTROIANNI

**PRESIDENT**

**03/03/2020**

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

\_\_\_\_\_  
Date