

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S37461

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**9485141641CC**

**Entity Name:** PASTURE PRIME WAGYU, INC.

**Current Principal Place of Business:**

13639 NE 13TH ST.  
OXFORD, FL 34484

**Current Mailing Address:**

13639 NE 13TH ST.  
OXFORD, FL 34484 US

**FEI Number:** 59-3056731

**Certificate of Status Desired:** Yes

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

SIVERSON, TORM  
13639 N E 13TH  
OXFORD, FL 34484 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           SIVERSON, MARILYN A  
Address        391 SANTA MARIA AVE.  
City-State-Zip: SAN LSUI OBISPO CA 93405

Title           VP  
Name           SIVERSON, NELS H  
Address        391 SANTA MARIA AVE.  
City-State-Zip: SAN LUIS OBISPO CA 93405

Title           PRESIDENT  
Name           SIVERSON, TORMOD N.  
Address        13639 N.E. 13TH  
City-State-Zip: OXFORD FL 34484

Title           SECRETARY  
Name           LAURI SIVERSON  
Address        13639 NE 13TH ST.  
City-State-Zip: OXFORD FL 34484

*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:** MARILYN SIVERSON

**DIRECTOR**

**01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date