

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004218

Entity Name: PASADO'S SAFE HAVEN, INC.**Current Principal Place of Business:**10131 WOODS LAKE RD
MONROE, WA 98272**Current Mailing Address:**PO BOX 171
SULTAN, WA 98294 US**FEI Number:** 91-1843707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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:** BILL HAVRE

02/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TAKEHARA, MARK
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title SECRETARY
Name HEDINGTON, JIM
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title TREASURER
Name NIKOLAEVA, KATE
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title SECRETARY
Name TAYLOR, BRENN
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title CHAIR
Name BRYAN, LOLA
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title VICE CHAIR
Name HALLENBECK, ROSALIE
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title DIRECTOR
Name LOCKWOOD, JANE
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title DIRECTOR
Name MARS, VERONICA
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Continues on page 2

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: MARK TAKEHARA

PRESIDENT

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WOOD, ELISA
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title DIRECTOR
Name THOMAS-JONES, BRIAN
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title DIRECTOR
Name MUNGALE, RUNIT
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title DIRECTOR
Name SPELLER, JUSTIN
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272

Title DIRECTOR
Name DORAN, STACEY
Address 10131 WOODS LAKE RD
City-State-Zip: MONROE WA 98272