

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000911

Entity Name: DR. SMOOD GROUP INC.**Current Principal Place of Business:**47-16 AUSTELLE PLACE
SUITE 300
LONG ISLAND CITY, NY 11101**Current Mailing Address:**47-16 AUSTELLE PLACE
SUITE 300
LONG ISLAND CITY, NY 11101 US**FEI Number:** 35-2495532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SINDLEV, RENÉ SR.
552 BROADWAY
SUITE 601
NY, FL 10012 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:** RENÉ SINDLEV

07/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GRONFELDT-SORENSEN, HENRIK
Address 47-16 AUSTELLE PLACE
SUITE 300
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name RANUM, NIELS
Address 47-16 AUSTELLE PLACE
SUITE 300
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name SINDLEV, OLIVER
Address 47-16 AUSTELLE PLACE
SUITE 300
City-State-Zip: LONG ISLAND CITY NY 11101

Title DIRECTOR
Name SINDLEV, RENE
Address 47-16 AUSTELLE PLACE
SUITE 300
City-State-Zip: LONG ISLAND CITY NY 11101

Title CEO
Name DELEGER, THIERRY
Address 47-16 AUSTELLE PLACE
SUITE 300
City-State-Zip: LONG ISLAND CITY NY 11101

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: THIERRY DELEGER

CEO

07/09/2020

Electronic Signature of Signing Officer/Director Detail

Date