

**2022 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, RENE 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

03/18/2022

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

Title TREASURER/CFO  
Name VACANT, VACANT  
Address 47-16 AUSTELLE PLACE  
SUITE 300  
City-State-Zip: LONG ISLAND CITY NY 11101

Title SECRETARY  
Name VACANT, VACANT  
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

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date