

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004176

Entity Name: COACHING 4 PERFORMANCE AB, INC.**Current Principal Place of Business:**ALVIKSVAGEN 243
16765 BROMMA,**Current Mailing Address:**100 VILLA BELLA DR
ISLAMORADA, FL 33036 US**FEI Number:** 98-1126670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENDINNING, RENE M CPA
1990 MAIN STREET, STE 801
SARASOTA, FL 34236 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	VP
Name	MORNER CEDERGREN, KARIN
Address	ALVIKSVAGEN 243
City-State-Zip:	16765 BROMMA

Title	D
Name	ABRAHAMSON, JAN
Address	BODAGATAN 7, SE-742 32
City-State-Zip:	OSTHAMMAR, SWEDEN AL

Title	D
Name	EKLUND, LENNART
Address	SANKT MARTINS VAG 5
City-State-Zip:	SE-171 64 SOLNA, SWEDEN

Title	P
Name	CEDERGREN, PER
Address	ALVIKSVAGEN 243
City-State-Zip:	16765 BROMMA

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: KARIN MORNER CEDERGREN

PARTNER

01/22/2019

Electronic Signature of Signing Officer/Director Detail_____
Date