

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000004004

Entity Name: UMBRA LAB, INC.**Current Principal Place of Business:**27 E COTA ST
SANTA BARBARA, CA 93101**Current Mailing Address:**133 E DE LA GUERRA ST #39
SANTA BARBARA, CA 93101 US**FEI Number:** 82-3703354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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	CEO
Name	LANGAN, DAVID
Address	27 E COTA ST
City-State-Zip:	SANTA BARBARA CA 93101

Title	DIRECTOR
Name	DOMINOCIELO, GABE
Address	27 E COTA ST
City-State-Zip:	SANTA BARBARA CA 93101

Title	CFO
Name	SPEITEL, MATT
Address	27 E COTA ST
City-State-Zip:	SANTA BARBARA CA 93101

Title	DIRECTOR
Name	LANGAN, DAVID
Address	27 E COTA ST
City-State-Zip:	SANTA BARBARA CA 93101

Title	PRESIDENT
Name	DOMINOCIELO, GABE
Address	27 E COTA ST
City-State-Zip:	SANTA BARBARA CA 93101

Title	SECRETARY
Name	DOMINOCIELO, GABE
Address	27 E COTA ST
City-State-Zip:	SANTA BARBARA CA 93101

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: MATT SPEITEL

CFO

04/10/2025

Electronic Signature of Signing Officer/Director Detail_____
Date