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: SIEGFRIED ADAM JR

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

Officer/Director	r Detail :	
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	Title	Ρ	Title	SD	
	Name	ADAM, SIEGFRIED	Name	SIEGFRIED JR, ADAM	
	Address	18167 US HWY 19 N SUITE 525 SUITE 122	Address	18167 US HWY 19 N SUITE 525 SUITE 122	
	City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764	

	DAM, SIEGFRIED 8167 US HWY 19 N UITE 525 LEARWATER, FL 33764 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in SIGNATURE:				
	Electronic Signature of Registered Agent			

Current Principal Place of Business: 18167 US HWY 19 N

DOCUMENT# F99000001038

SUITE 525 CLEARWATER, FL 33764

Current Mailing Address:

18167 US HWY 19 N SUITE 525 CLEARWATER, FL 33764 US

FEI Number: 59-3298613

Name and Address of Current Registered Agent:

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: PETER WITTWER NORTH AMERICA, INC. SHIPPING AGENTS

Date