| ST THOMAS, USVI 00802 | |
|---|--|
| Current Mailing Address: | |
| 1217 N. ORANGE AVENUE ORLANDO, FL 32804 US | |

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FEI Number: 66-0541380

DOCUMENT# F13000002484

5143 PALM PASSAGE SUITE 7

Name and Address of Current Registered Agent:

Entity Name: OKIDANOKH GOLDCRAFT, INC.

Current Principal Place of Business:

BOZZUTO, JACQUELINE 215 N. EOLA DRIVE ORLANDO, FL 32801 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.

| | 0 | 0, , | |
|--|--|---|--|
| JACQUELINE BOZZUTO | | | 07/21/2020 |
| Electronic Signature of Registered Agent | | | Date |
| tor Detail : | | | |
| CHRM | Title | Р | |
| FABRI, ALEXANDER | Name | FABRI, ALEXANDER | |
| 5143 PALM PASSAGE SUITE 7 | Address | 5143 PALM PASSAGE SUITE 7 | |
| ST THOMAS USVI 00802 | City-State-Zip: | ST THOMAS USVI 00802 | |
| S | Title | TREASURER | |
| PANDOLFI, LAHREN | Name | GAGGL, DANIELA | |
| 5143 PALM PASSAGE SUITE 7 | Address | 5143 PALM PASSAGE SUITE 7 | |
| ST THOMAS USVI 00802 | City-State-Zip: | ST THOMAS 00802 | |
| | Electronic Signature of Registered Agent tor Detail : CHRM FABRI, ALEXANDER 5143 PALM PASSAGE SUITE 7 ST THOMAS USVI 00802 S PANDOLFI, LAHREN 5143 PALM PASSAGE SUITE 7 | Electronic Signature of Registered Agent tor Detail : CHRM Title FABRI, ALEXANDER Name 5143 PALM PASSAGE SUITE 7 Address ST THOMAS USVI 00802 City-State-Zip: S Title PANDOLFI, LAHREN Name 5143 PALM PASSAGE SUITE 7 Address | Electronic Signature of Registered Agent tor Detail : CHRM Title FABRI, ALEXANDER Name 5143 PALM PASSAGE SUITE 7 Address ST THOMAS USVI 00802 City-State-Zip: S Title PANDOLFI, LAHREN Name 5143 PALM PASSAGE SUITE 7 Address S Title TREASURER PANDOLFI, LAHREN Name GAGGL, DANIELA 5143 PALM PASSAGE SUITE 7 |

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: LAHREN PANDOLFI

SECRETARY

07/21/2020 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jul 21, 2020 Secretary of State 0283706837CC

Certificate of Status Desired: No