

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003764

Entity Name: EAR PROFESSIONALS INTERNATIONAL CORPORATION**Current Principal Place of Business:**3191 W. TEMPLE AVE.
SUITE 200
POMONA, CA 91768**Current Mailing Address:**3191 W. TEMPLE AVE.
SUITE 200
POMONA, CA 91768 US**FEI Number:** 95-4660712**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name WOJCIK, ADAM CHRISTOPHER
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

Title TREASURER
Name GILL, PETER MARSHALL
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

Title DIRECTOR
Name WOJCIK, ADAM CHRISTOPHER
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

Title SECRETARY
Name GALIMI, GAVIN GUY
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

Title DIRECTOR
Name WIFFLER, THOMAS PATRICK
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

Title DIRECTOR
Name FABULA, ANDREW JOSEPH
Address 3191 W. TEMPLE AVE.
 SUITE 200
City-State-Zip: POMONA CA 91768

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: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY 05/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date