

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000148962

**Entity Name:** DOGSTOWN UNIVERSITY, INC.

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC4387588337**

**Current Principal Place of Business:**

1807 S POWERLINE RD STE B109  
B-109  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1807 S POWERLINE RD STE B109  
B-109  
DEERFIELD BEACH, FL 33442

**FEI Number: 20-8013859**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FEINGOLD, IRIS  
1807 S POWERLINE RD STE B109  
B-109  
DEERFIELD BEACH, FL 33442 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 D  
Name FEINGOLD, IRIS  
Address 22841 WARRICK WOOD COURT  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name FEINGOLD, NORMAN  
Address 22841 WARRICK WOOD COURT  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name FEINGOLD, ADAM  
Address 22841 WARRICK WOOD COURT  
City-State-Zip: BOCA RATON FL 33433

*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: IRIS FEINGOLD**

**DIRECTOR**

**01/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date