

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000086138

**Entity Name:** DUALIS CONSULTING CORP.

**Current Principal Place of Business:**

100 KINGS POINT DRIVE  
SUITE 1616  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

100 KINGS POINT DRIVE  
SUITE 1616  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 27-1158656

**Certificate of Status Desired:** No

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

LUCES, HERADIO  
100 KINGS POINT DRIVE  
SUITE 1616  
SUNNY ISLES BEACH, FL 33160 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 PD  
Name LUCES, HERADIO  
Address 100 KINGS POINT DRIVE  
SUITE 1616  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VPD  
Name MEJIAS, YERINA  
Address 100 KINGS POINT DRIVE  
SUITE 1616  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title S  
Name MEJIAS, YERINA  
Address 100 KINGS POINT DRIVE  
SUITE 1616  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title T  
Name LUCES, HERADIO  
Address 100 KINGS POINT DRIVE  
SUITE 1616  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** HERADIO LUCES

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date