

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000072998

**Entity Name:** DOTFILINGS.COM, INC.

**Current Principal Place of Business:**

515 EAST LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

**FILED**  
**Mar 06, 2017**  
**Secretary of State**  
**CC9780570729**

**Current Mailing Address:**

PO BOX 480360  
FORT LAUDERDALE, FL 33348 US

**FEI Number: 47-4928244**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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            DIR  
Name            BOGASH, ULIANA  
Address        PO BOX 480360  
City-State-Zip: FORT LAUDERDALE FL 33348

Title            PRES  
Name            BOGASH, ULIANA  
Address        PO BOX 480360  
City-State-Zip: FORT LAUDERDALE FL 33348

Title            SEC  
Name            BOGASH, ULIANA  
Address        PO BOX 480360  
City-State-Zip: FORT LAUDERDALE FL 33348

Title            TRES  
Name            BOGASH, ULIANA  
Address        PO BOX 480360  
City-State-Zip: FORT LAUDERDALE FL 33348

*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: ULIANA BOGASH**

**PRESIDENT**

**03/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date