

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000030238

**FILED**  
**Mar 19, 2017**  
**Secretary of State**  
**CC3219672956**

**Entity Name:** DOGSTOWN UNIVERSITY FRANCHISE CORPORATION

**Current Principal Place of Business:**

1807 SOUTH POWERLINE ROAD  
SUITE B-109  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1807 SOUTH POWERLINE ROAD  
SUITE B-109  
DEERFIELD BEACH, FL 33442

**FEI Number:** 81-2109065

**Certificate of Status Desired:** No

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

WASCH, JOSEPH C  
2500 N. MILITARY TRAIL  
SUITE 465  
BOCA RATON, FL 33431 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            CEO  
Name            FEINGOLD, IRIS  
Address        1807 SOUTH POWERLINE ROAD,  
                  #B109  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            P  
Name            FEINGOLD, ADAM  
Address        1807 SOUTH POWERLINE ROAD, #B-  
                  109  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** ADAM FEINGOLD

**OWNER**

**03/19/2017**

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

\_\_\_\_\_  
Date