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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000039715			
1. Entity Name DUOLOGICA CORPORATION			
Principal Place of Business 3581 SW 146 TER MIRAMAR, FL 33027 US		Mailing Address 3581 SW 146 TER MIRAMAR, FL 33027 US	
2. Principal Place of Business 5346 WILLIS AVE		3. Mailing Address 5346 WILLIS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SHERMAN OAKS CA		City & State SHERMAN OAKS CA	
Zip 91411	Country USA	Zip 91411	Country USA
5. Name and Address of Current Registered Agent FERRER, ALBERTO J 3581 SW 146 TER MIRAMAR, FL 33027		4. FEI Number 65-1098444	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name DIANA VISCARRA Street Address (P.O. Box Number Is Not Acceptable) 2856 SW 177 TER City MIRAMAR FL Zip Code 33029			
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: <i>[Signature]</i> DIANA VISCARRA DATE: 03/20/03 (NOTE: Registered Agent's signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: ☐ Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERRER, ALBERTO J 3581 SW 146 TER MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5346 WILLIS AVE SHERMAN OAKS CA 91411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRER, BETHANY B 3581 SW 146 TER MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5346 WILLIS AVE SHERMAN OAKS CA 91411 ☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and a signature of other like empowered.			
SIGNATURE: <i>[Signature]</i> ALBERTO FERRER		Date: 3/25/03 Phone: 818-788-9888	

CR2034 (10/02)