

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-07-2003 90070 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000011189



1. Entity Name
DOGGIE TECHNOLOGIES INC.

Principal Place of Business
 416 S.E. 15 ST.
 FT. LAUDERDALE FL 33316

Mailing Address
 416 S.E. 15 ST.
 FT. LAUDERDALE FL 33316

00010000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
19707 TURNBERRY WAY
 Suite, Apt. #, etc.
Apt. 3K

3. Mailing Address
19707 TURNBERRY WAY
 Suite, Apt. #, etc.
Apt. 3K

City & State
AVENTURA, FL
 Zip
33180
 Country
USA

City & State
AVENTURA, FL
 Zip
33180
 Country
USA

4. FEI Number
27-0028130
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPAMERICA, INC.
 416 S.E. 15 ST.
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name
Arkene Konig
 Street Address (P.O. Box Number is Not Acceptable)
19707 TURNBERRY WAY
Apt. 3K
 City
Aventura FL Zip Code
33180

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 **Arkene Konig** *Arkene Konig* **2/3/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.) DATE

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	KONIG, ARLENE	
STREET ADDRESS	19707 TURNBERRY WAY, APT. 3K	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPETA, SHIMON	
STREET ADDRESS	19707 TURNBERRY WAY, APT. 3K	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** *Arkene Konig* **2/3/03** **305-778-6738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)