

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000091255

Entity Name: CONTROLOGIC CORPORATION**Current Principal Place of Business:**407 NW 10TH TERRACE
SUITE A-7
HALLANDALE BEACH, FL 33009**Current Mailing Address:**407 NW 10TH TERRACE
SUITE A-7
HALLANDALE BEACH, FL 33009 US**FEI Number:** 61-1724856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMERICA EXPERT CORPORATION
407 NW 10TH TERRACE
HALLANDALE BEACH, FL 33009 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	P
Name	PUGLIA, RENAN
Address	407 NW 10TH TERRACE SUITE A-7
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	VP
Name	LARSEN, RICARDO
Address	407 NW 10TH TERRACE SUITE A-7
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	PUGLIA, RENAN
Address	407 NW 10TH TERRACE SUITE A-7
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	T
Name	LARSEN, RICARDO
Address	407 NW 10TH TERRACE SUITE A-7
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	S
Name	PUGLIA, DEBORAH
Address	407 NW 10TH TERRACE SUITE A-7
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	ROCHA, THIAGO
Address	407 NW 10TH TERRACE SUITE A-7
City-State-Zip:	HALLANDALE BEACH FL 33009

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: RENAN PUGLIA**PRESIDENT****04/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date