

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041346

Entity Name: DUOS TECHNOLOGIES GROUP, INC.**Current Principal Place of Business:**6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 32216**Current Mailing Address:**6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 32216 US**FEI Number:** 65-0493217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEEKS, CONNIE CAO
6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 32216 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:** CONNIE WEEKS

04/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CEO, PRESIDENT, CHAIRMAN,
DIRECTOR**Name** ARCAINI, GIANNI B**Address** 7889 HUNTERS GROVE RD.**City-State-Zip:** JACKSONVILLE FL 32256**Title** CFO, EVP, DIRECTOR**Name** GOLDFARB, ADRIAN G**Address** 6622 SOUTHPOINT DRIVE SOUTH
DUOS SUITE 310**City-State-Zip:** JACKSONVILLE FL 32216**Title** CORPORATE SECRETARY, EVP, CAO**Name** WEEKS, CONNIE CAO, EVP**Address** 6622 SOUTHPOINT DRIVE SOUTH
SUITE 310**City-State-Zip:** JACKSONVILLE FL 32216**Title** DIRECTOR**Name** FONDA, BLAIR**Address** 6622 SOUTHPOINT DRIVE SOUTH
SUITE 310**City-State-Zip:** JACKSONVILLE FL 32216**Title** DIRECTOR**Name** MULDER, FRED**Address** UTRESCHTSWEG 35/10**City-State-Zip:** HILVERSUM 1213T6

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: CONNIE WEEKS

CAO

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date