

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16049

Entity Name: DUOS TECHNOLOGIES, INC.**Current Principal Place of Business:**6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 32216-6188**Current Mailing Address:**6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 32216-6188**FEI Number:** 59-3055973**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCAINI, GIANNI B
6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 32216-6188 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	DCP
Name	ARCAINI, GIANNI B
Address	7889 HUNTERS GROVE RD
City-State-Zip:	JACKSONVILLE FL 32256

Title	S
Name	ASHLEY, BABETTE
Address	5020 YACHT CLUB RD
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	GLODEK, JOSEPH
Address	15 CATTANO AVE,
City-State-Zip:	MORRISTOWN NJ 07960

Title	D
Name	MULDER, FRED
Address	UTRESCHTSWEG 35/10 1213T6
City-State-Zip:	HILVERSUM, THE NETHERLANDS

Title	V
Name	WEEKS, CONNIE L
Address	6858 PLUM LAKE LANE EAST
City-State-Zip:	JACKSONVILLE FL 32222

Title	DIRECTOR
Name	VAN THIEL, GIJS
Address	800 THIRD AVE.
City-State-Zip:	NEW YORK NY 10022

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: GIANNI B. ARCAINI**CHAIRMAN & CEO****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date