

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002151

**Entity Name:** FARELOGIX INC.

**Current Principal Place of Business:**

760 NW 107TH AVENUE  
SUITE 300  
MIAMI, FL 33172

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**1486391749CC**

**Current Mailing Address:**

760 NW 107TH AVENUE  
SUITE 300  
MIAMI, FL 33172 US

**FEI Number:** 75-2859299

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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 CHAIRMAN  
Name AMATO, ALBERT  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR, SECRETARY,  
PRESIDENT, CEO  
Name DAVIDSON, JAMES  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name MAROCCO, MICHAEL  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title TREASURER, CFO  
Name KRUIJSSEN, THEODORUS  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name BIANCO, WILLIAM  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name REITZ, BONNIE  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name EDWARDS, ROBERT  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title CTO  
Name REIZ, TIM  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

**Continues on page 2**

*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: ROBERTO BRID

DIRECTOR, FINANCE &  
PLANNING

02/11/2019

**Officer/Director Detail Continued :**

Title AUTHORIZED REPRESENTATIVE, DIRECTOR OF  
FINANCE & PLANNING  
Name BRID, ROBERTO  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name LEFF, DANIEL  
Address 760 NW 107TH AVENUE  
SUITE 300  
City-State-Zip: MIAMI FL 33172