

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066372

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: DOUGLAS HOUSING CORP.

**Current Principal Place of Business:**

9492 NW 49 LANE  
DORAL ESTATES, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9492 NW 49 LANE  
DORAL ESTATES, FL 33178

**New Mailing Address:**

FEI Number: 01-0715074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTIR, ARMANDO  
9492 NW 49 LANE  
DORAL ESTATES, FL 33178      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTIR, ARMANDO  
Address: 9492 NW 49 LANE  
City-St-Zip: DORAL ESTATES, FL 33178

Title: SD ( ) Delete  
Name: MARTIR, CARLOS  
Address: 4408 NW 93 DORAL COURT  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARMANDO MARTIR

PD

04/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date