


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 727817

1. Entity Name
 DOUGLAS GARDENS HOLDING CORP., INC.



Principal Place of Business Mailing Address

5200 N.E. 2ND AVENUE 5200 N.E. 2ND AVENUE
 MIAMI, FL 33137 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 23-7302931 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CYPEN, STEPHEN H
 825 ARTHUR GODFREY RD
 MIAMI BEACH, FL 33140

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | BECK, HAROLD |
| STREET ADDRESS | 5200 N. E. 2ND AVE. |
| CITY-ST-ZIP | MIAMI, FL 33137 |
| TITLE | SD |
| NAME | CYPEN, STEPHEN H |
| STREET ADDRESS | 825 ARTHUR GODFREY RD. |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 |
| TITLE | D |
| NAME | CYPEN, BEN |
| STREET ADDRESS | 825 ARTHUR GODFREY RD |
| CITY-ST-ZIP | MIAMI BEACH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 03/07/05-80033-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Harold Beck 3/1/2005 (305) 751-8626

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #