

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003188

FILED
Jan 19, 2006
Secretary of State

Entity Name: DOUGLAS GARDENS THRIFT SHOP, INC.

Current Principal Place of Business:

5713 N.W. 27TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5713 N.W. 27TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0856154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H ESQ.
825 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 331400099 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECK, HAROLD
Address: 700 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: MARTIN, LEO
Address: 255 NW 25 ST.
City-St-Zip: MIAMI, FL 33127

Title: TD () Delete
Name: OSSIP, ALBERT E
Address: 4800 NE 2 AVE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD BECK

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date