2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003188

1. Entity Name
DOUGLAS GARDENS THRIFT SHOP, INC.

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Principal Place of Business	Mailing Address
5713 N.W. 27TH AVENUE	5713 N.W. 27TH AVENUE
MIAMI, FL 33142	MIAMI, FL 33142

03272008   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 65-0856154	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CYPEN, STEPHEN H ESQ. 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-0099	Name Cypen, Stephen H Esq. Street Address (P.O. Box Number is Not Acceptable) 777 Arthur Godfrey Rd City Miami Beach FL Zip Code 33140

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BECK, HAROLD		NAME		
STREET ADDRESS	700 CORAL WAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MARTIN, LEO		NAME		
STREET ADDRESS	255 NW 25 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	UNGER, ARTHUR		NAME		
STREET ADDRESS	1001 BRICKELL BAY DR 1400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KATZIN, ALFRED		NAME		
STREET ADDRESS	13215 LAKESIDE TERR		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Mark T. Knight_   MARK T. KNIGHT   03/27/08   (305) 751-8626

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