
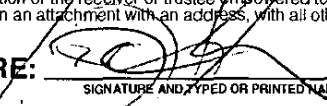


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91025 036 ***150.00

DOCUMENT # P03000062396					
1. Entity Name DOUGLAS ENTRANCE PARTNERS, INC.					
Principal Place of Business 888 SOUTHEAST THIRD AVE STE #400 FORT LAUDERDALE, FL 33316			Mailing Address 888 SOUTHEAST THIRD AVE STE #400 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business 1500 San Remo Ave.		3. Mailing Address 1500 San Remo Ave.			
Suite, Apt. #, etc. Suite 125		Suite, Apt. #, etc. Suite 125			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 54-2113904	
Zip 33146		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. 888 SOUTHEAST THIRD AVE STE #400 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 125 City Coral Gables FL Zip Code 33146		
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		Dennis Ginsburg, VP		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHAR, LARRY J	NAME	ARGI, MAURICE		
STREET ADDRESS	888 SOUTHEAST THIRD AVE STE #400	STREET ADDRESS	1500 San Remo Ave, Suite 125		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	Coral Gables, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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 607, 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: 		Maurice Arqi, Pres.		4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	