


**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90053 030 \*\*\*150.00

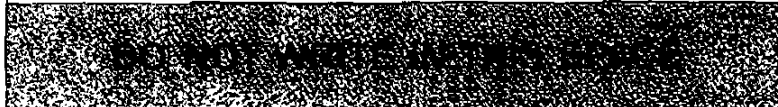
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P06000076026**

1. Entity Name  
**DOUGLAS ARY INSURANCE SERVICES, INC.**



40116971



2. Principal Place of Business  
**5733 GOLFWAY DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5733 GOLFWAY DR.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

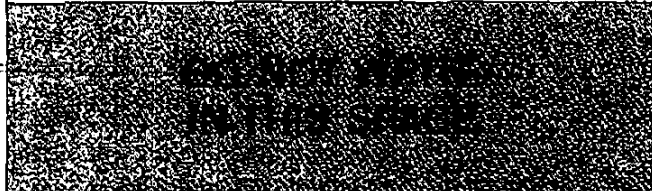
Zip  
**33433** Country  
**USA**

Zip  
**33433** Country  
**USA**

4. FEI Number  
**20-4983386**

Applied For  
 Not Applicable

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



7. Name and Address of Current Registered Agent

Name  
**DOUGLAS ARY**

Street Address (P.O. Box Number is Not Acceptable)  
**5733 GOLFWAY DR**

City  
**BOCA RATON** FL Zip Code  
**33433**

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 filing.) DATE \_\_\_\_\_



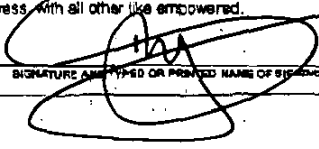
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>P TS</b>	NAME <b>DOUGLAS ARY</b>
STREET ADDRESS <b>5733 GOLFWAY DR.</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
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)(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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DOUGLAS ARY** 04/30/2007 (54)249-0420

FORM 11212