## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000119441

2060 DOUGLAS ROAD, # 407

CORAL GABLES, FL 33134

Address: City-St-Zip: FILED Feb 05, 2008 Secretary of State

Entity Name: DOUGLAS CONDOMINIUM HOLDINGS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
8240 SW 62 COURT MIAMI, FL 33143	
Current Mailing Address:	New Mailing Address:
1699 CORAL WAY 315 MIAMI, FL 33145	7250 NW 8 STREET STE 5 MIAMI, FL 33126
FEI Number: 20-5561705 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ROSEMARIE BACALLAO, P.A. 1699 CORAL WAY 315 MIAMI, FL FL US	ALEXANDER GARCIA 8240 SW 62 COURT MIAMI, FL 33143 US
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: ALEXANDER GARCIA	02/05/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         P ( ) Delete           Name:         GARCIA, ALEXANDER           Address:         8240 SW 62 COURT           City-St-Zip:         MIAMI, FL 33143	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         VP ( ) Delete           Name:         SICRE, HECTOR           Address:         7250 NW 8 STREET, # 5           City-St-Zip:         MIAMI, FL 33126	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: S (X) Delete Name: PARDO, ROSEMARY	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ALEXANDER GARCIA P 02/05/2008