2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000041482

1. Entity Name

DOUGLAS MECHANICAL CORP.



FILED Mar 18, 2004 08:00 AM Secretary of State

Principal Place of Business

13821 N. MIAMI AVE. MIAMI, FL 33168 Mailing Address

13821 N. MIAMI AVE. MIAMI, FL 33168



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02262004 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0499700 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DOUGLAS R 13821 N. MIAMI AVE. MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

VILAUVIS, FL 33100			IN THIS SPACE		
 The above named entity submits this statement for tithe obligations of registered agent. 	the purpose of changing its registered	office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agont and	d file if applicable. (NOTE Pegistered Ap	geni signatur	e required when reinstating}	DATE	
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financia Trust Fund Contribution.	ng 🛘	\$5.00 May Be Added to Fees		
TITLE DPST NAME JONES, DOUGLAS R STREET ADDRESS CITY-ST-ZP MIAMI, FL 33168	RECIORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• • •	000000091883 03/18/04-80026-012 158.7 5	
TITLE NAME STREET ADDRESS CITY-ST-ZP			DO	NOT WRITE	
tirle Name Street Address City-St-Zip			IN T	THIS SPACE	
TIFLE NAME STRIET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS				,	

12. I hereby certify that the information supplied with this filling 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 cett; that I am an officer or director of the corporation or the received or trustee empowered to expect 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 addiess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OTYPED OR PRINTED NAME OF INGMING OFFICER OR DIRECTOR

15 March 04

305 688-0880