2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 23, 2006 08:00 AM Secretary of State DOCUMENT # P95000097795 1. Entity Name D. A. DOUGLAS AIRCRAFT CORP. Principal Place of Business Mailing Appress 375 FAIRWAY DRIVE 375 FAIRWAY DRIVE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MODRE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0674212 Not Applica Zip Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, DANIEL O Street Address (P.O. Box Number is Not Acceptable) 375 FAIRWAY DRIVE MIAMI BEACH FL 33141 Zip Code 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 access the obligations of registered agent SIGNATURE Signature Typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May £ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete tiltE ☐ Change ☐ Addition NAME ALVAREZ, DANIEL O MAME 1000000477859 STREET ADDRESS 04/07/06-80006-014 158.75 375 FAIRWAY DRIVE STREET ADDRESS CITY-ST-2TP MIAMI BEACH FL 33141 CITY-ST-719 TITLE Defete THE Change ☐ AàA\*\*:: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addin. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Marin MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Delete TITLE ☐ Change □ ACC NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete HILE Change 🔲 Additio. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 57- 207 12. I hereby certify that the information subplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or future 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.

BANGER AWAREZ, D.

SIGNATURE:

**FILED** 

Bar) 490.6147

3-20.06