


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 025 ***158.75

DOCUMENT # P95000097795
 1. Entity Name
D. A. DOUGLAS AIRCRAFT CORP.



Principal Place of Business: **375 FAIRWAY DRIVE MIAMI BEACH FL 33141**
 Mailing Address: **375 FAIRWAY DRIVE MIAMI BEACH FL 33141**



2. Principal Place of Business - No P.O. Box #
15191 SW 15 PL.
 Suite, Apt. #, etc.
DAVIE FL.

3. Mailing Address
15191 SW 15 PL.
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: **FLORIDA**
 City & State: **DAVIE, FL.**

4. FEI Number: **65-0674212**
 Applied For: Not Applicable:

Zip: **33326** Country: **33326**

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

6. Name and Address of Current Registered Agent
ALVAREZ, DANIEL O
375 FAIRWAY DRIVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
 Name: **ALVAREZ DANIEL O.**
 Street Address (P.O. Box Number is Not Acceptable):
15191 SW 15 PL.
 City: **DAVIE** FL Zip Code: **33326**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when for-stating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, DANIEL O	
STREET ADDRESS	375 FAIRWAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ BUTTY, LUCAS	
STREET ADDRESS	375 FAIRWAY DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied 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 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 any attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **324.08** DAYTIME PHONE #: **(305) 490-6147**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR