2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P97000087846

Entity Name: DOUGLASTON PROPERTIES, INC.

Current Principal Place of Business:

5323 SW 34TH TERRACE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

5323 SW 34TH TERRACE
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 13-3028089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAWARDI, AVRAHAM
5323 SW 34TH TERRACE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAWARDI, AVRAHAM
Address: 5323 SW 34 TERR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VTD ( ) Delete
Name: MAWARDI, SHLOMI
Address: 5323 SW 34TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: MAWARDI, AARON
Address: 5323 SW 34TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD ( ) Delete
Name: RACHEL, MAWARDI
Address: 5323 SW 34TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHLOMI MAWARDI VP 04/25/2007

Electronic Signature of Signing Officer or Director — Date