## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 30, 2005 08:00 AM DOCUMENT # P97000103008 **Secretary of State** Entity Name DOUGLAS, INC. Principal Place of Business Mailing Address 8725 NW 18TH TERR 8725 NW 18TH TERR STE 204 STE 204 MIAMI, FL 33172 MIAMI, FL 33172 No Chg-P 04132005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0820322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUGLAS, PAUL DO NOT WRITE 8725 NW 18TH TERR STE 204 IN THIS SPACE MIAMI, FL 33172 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees U00000345370 OFFICERS AND DIRECTORS 10. TITLE NAME DOUGLAS, PAUL STREET ADDRESS 8725 18TH TERR, STE 204 MIAMI, FL 33172 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing 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 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

**FILED**