2008 FOR PROFÍT CORPORATION ANNUAL REPORT

DOCUMENT # S01466

1. Entity Name

DOUGLAS MANAGEMENT & REALTY, INC.



Principal Place of Business

Mailing Address

1700 NW 66 AVE

1700 NW 66 AVE

102

102

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33313 US

FORT LAUDERDALE, FL 33313 US

FILED Apr 28, 2008 08:00 AN Secretary of State



01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0221133 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM M.

1700 NW 66 AVE 102

FORT LAUDERDALE, FL 33313

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pi tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			rg 🗆	\$5.00 May Be Added to Fees		
10. ′	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, WILLIAM M. 1700 NW 66 AVE 102 FORT LAUDERDALE, FL 33313				U00000924929 05/20/08-80006-018 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, UNA 1700 NW 66 AVE STE 102 FORT LAUDERDALE, FL 33313					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

COLUMN TYPETOR

William M. Murphy

3/7/08

Payline Prine *