

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V50137

**Entity Name:** DOUGLAS WOOD ASSOCIATES, INC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
#1020  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
#1020  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0343713

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WOOD, DOUGLAS  
1569 EUCLID AVENUE  
#5  
MIAMI BEACH, FL 33139 US

*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

**Officer/Director Detail :**

Title P  
Name WOOD, DOUGLAS  
Address 1569 EUCLID AVENUE, #5  
City-State-Zip: MIAMI BEACH FL 33139

Title V  
Name SANTIAGO, ROBERTO  
Address 1330 WEST AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title V  
Name PEREZ, MARCOS R  
Address 1610 S.W. 76TH CT.  
City-State-Zip: MIAMI FL 33155

Title V  
Name RUIZ, JORGE  
Address 13100 SW 109 COURT  
City-State-Zip: MIAMI FL 33176

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS WOOD

**PRESIDENT**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date