

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2005  
Secretary of State**

DOCUMENT# 713802

Entity Name: TEAMSTERS LOCAL UNION 769 HOLDING CORPORATION, INC.

**Current Principal Place of Business:**

8350 N.W. 7TH AVENUE  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

8350 N.W. 7TH AVENUE  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 65-0312130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ORR, STANTON R ESQ  
8350 NW 7TH AVE  
MIAMI, FL 33150      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCOTT, MIKE  
Address: 8350 N.W. 7TH AVE  
City-St-Zip: MIAMI, FL 33150

Title: ST ( ) Delete  
Name: SCOTT, MIKE  
Address: 8350 N.W. 7TH AVE  
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete  
Name: GREENWELL, STEPHEN S,  
Address: 8350 NW 7TH AVE  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: ZIVALICH, JOSH  
Address: 8350 N.W. 7TH AVENUE  
City-St-Zip: MIAMI, FL 33150

**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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON CARLSON

CPA

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date