


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90141 018 ****61.25

DOCUMENT # 713802

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



Principal Place of Business
**8350 N.W. 7TH AVENUE
 MIAMI, FL 33150**

Mailing Address
**8350 N.W. 7TH AVENUE
 MIAMI, FL 33150**

2. Principal Place of Business
12365 W. Dixie Highway

3. Mailing Address
12365 W. Dixie Highway

Suite, Apt. #, etc.
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City & State
North Miami, FL 33161

City & State
North Miami, FL 33161

Zip
33161

Country
US

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07052006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

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

SR ORR

4. FEI Number
65-0312130

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Orr, Stanton R. Esq.

Street Address (P.O. Box Number is Not Acceptable)
12365 West Dixie Highway

North Miami, Florida 33161

City
North Miami

State
FL

Zip Code
33161

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.

SIGNATURE *[Signature]* DATE *7/12/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, MIKE 8350 N.W. 7TH AVE MIAMI, FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, MIKE 8350 N.W. 7TH AVE MIAMI, FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENWELL, STEPHEN S 8350 NW 7TH AVE MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZIVALICH, JOSH 8350 N.W. 7TH AVENUE MIAMI, FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott, Mike 12365 West Dixie Highway North Miami, Florida 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Josh Zivalich 12365 West Dixie Highway North Miami, Florida 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	recording-secretary Rolando Pina 12365 West Dixie Highway North Miami, Florida 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mike Scott* President *Mike Scott* Date *7/11/06* Daytime Phone # *305 642-6255*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR