

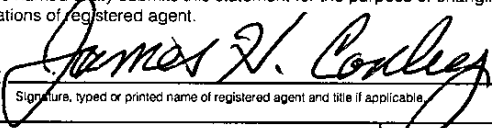
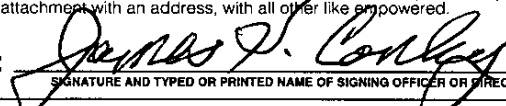
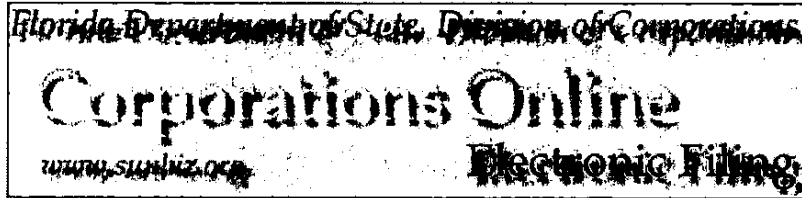


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90018 012 ****61.25

DOCUMENT # 715888					
1. Entity Name LOCAL 725 HOLDING CORPORATION, INC.					
Principal Place of Business 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054			Mailing Address 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054		
2. Principal Place of Business		3. Mailing Address		 05102005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-0665289				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONLEY, JAMES H 13185 NW 45TH AVENUE OPA LOCKA, FL 33054			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: 		5-10-05		DATE	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONLEY, JAMES H		NAME		
STREET ADDRESS	13185 N.W. 45TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, SAMUEL L		NAME		
STREET ADDRESS	13185 N.W. 45TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RYDER, MICHAEL H		NAME	L. ARTHUR WARREN	
STREET ADDRESS	13185 N.W. 45TH AVENUE		STREET ADDRESS	13185 NW 45 Ave	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, ROY V JR		NAME	JAMES E. TAYLOR	
STREET ADDRESS	13185 N.W. 45TH AVE.		STREET ADDRESS	13185 NW 45 Avenue	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, KENNETH E JR		NAME		
STREET ADDRESS	13185 NW 45TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 		5-10-05		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



Sunbiz E-file Account Application

Account Name: LOCAL 725 HOLDING CORORATION, INC.

E-mail Address: lu725@earthlink.net

Mailing Address: 13185 NW 45th Avenue

City: Opa Locka State: FL Zip: 33054

Phone: (305) 681 - 8596 Fax: (305) 688 - 1139

Contact Person: James H. Conley

Signature: *James H. Conley*

Password: acunion

(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address
 Division of Corporations
 Public Access Accounts
 P.O. Box 6327
 Tallahassee, FL 32314

Courier Address
 Division of Corporations
 Public Access Accounts
 409 E. Gaines Street
 Tallahassee, FL 32399

Sunbiz Home Page