


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 715888 1. Entity Name LOCAL 725 HOLDING CORPORATION, INC.	
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Principal Place of Business 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054	Mailing Address 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0665289	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONLEY, JAMES H 13185 NW 45TH AVENUE OPA LOCKA, FL 33054

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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: <i>James H. Conley</i>	(NOTE: Registered Agent signature required when reinstating)	DATE: 4-27-2007
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**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CONLEY, JAMES H 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUELLER, MICHAEL E 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, L. ARTHUR 13185 N.W. 45TH AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, JAMES E 13185 N.W. 45TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, KENNETH E JR 13185 NW 45TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000748182
05/17/07-80055-019 70.00

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: <i>James H. Conley</i>	DATE: 4-27-2007	DAYTIME PHONE #: 305-681-8596
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JAMES H. CONLEY