

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715888

FILED
Jul 07, 2008
Secretary of State

Entity Name: LOCAL 725 HOLDING CORPORATION, INC.

Current Principal Place of Business:

13185 N.W. 45TH AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13185 N.W. 45TH AVENUE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 59-0665289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONLEY, JAMES H
13185 NW 45TH AVENUE
OPA LOCKA, FL 33054 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: PTD () Delete
Name: CONLEY, JAMES H
Address: 13185 N.W. 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: MUELLER, MICHAEL E
Address: 13185 N.W. 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: SD () Delete
Name: WARREN, L. ARTHUR
Address: 13185 N.W. 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: STD () Delete
Name: TAYLOR, JAMES E
Address: 13185 N.W. 45TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: SCOTT, KENNETH E JR
Address: 13185 NW 45TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES H. CONLEY

Electronic Signature of Signing Officer or Director

PTD

07/07/2008

Date