


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 719901</b>					
1. Entity Name <b>OPERATING ENGINEERS LOCAL UNION #487 HOLDING COMPANY, INC.</b>					
Principal Place of Business 1425 N.W. 36TH ST. MIAMI FL 33142		Mailing Address 1425 N.W. 36TH ST. MIAMI FL 33142			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7181548</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALLBRITTON, JAMES O.</b> <b>5600 SW 166 AVENUE</b> <b>FORT LAUDERDALE FL 33331</b>				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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRABHAM, DAMON K.		NAME		
STREET ADDRESS	5029 SW 6TH COURT		STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL		CITY - ST - ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATERS, GARY		NAME		
STREET ADDRESS	9101 S.W. 54TH ST.		STREET ADDRESS		
CITY - ST - ZIP	COOPER CITY FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASCARI, FRANK		NAME		
STREET ADDRESS	8321 SW 29TH ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGER, SCOTT		NAME		
STREET ADDRESS	7921 NOREMAC AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LA VOLPE, WILLIAM K.		NAME		
STREET ADDRESS	3021 SW 47TH ST.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLBRITTON, JAMES O		NAME		
STREET ADDRESS	5600 SW 166 AVE		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL		CITY - ST - ZIP		



MOORE CR2E037 (11/03)

Applied For Not Applicable

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

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: *James Allbritton* 2-24-04 305-634-3419