


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 719901 1. Entity Name OPERATING ENGINEERS LOCAL UNION #487 HOLDING COMPANY, INC.	
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Principal Place of Business 1425 N.W. 36TH ST. MIAMI, FL 33142	Mailing Address 1425 N.W. 36TH ST. MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7181548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLBRITTON, JAMES O.
5600 SW 166 AVENUE
FORT LAUDERDALE, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	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	VD BRABHAM, DAMON K. 5029 SW 6TH COURT PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MD WATERS, GARY 9101 S.W. 54TH ST. COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD MASCARI, FRANK 8321 SW 29TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD SINGER, SCOTT 7921 NOREMAC AVENUE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD LA VOLPE, WILLIAM K. 3021 SW 47TH ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD ALLBRITTON, JAMES O 5600 SW 166 AVE FT LAUDERDALE, FL

04/16/05-80033-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 4/11/05 305-634-3419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #