


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90001 049 \*\*\*\*61.25

**DOCUMENT # 719901**

1. Entity Name  
**OPERATING ENGINEERS LOCAL UNION #487 HOLDING COMPANY, INC.**



Principal Place of Business  
 1425 N.W. 36TH ST.  
 MIAMI, FL 33142

Mailing Address  
 1425 N.W. 36TH ST.  
 MIAMI, FL 33142

400000



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01192006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**23-7181548**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALLBRITTON, JAMES O.**  
**5600 SW 166 AVENUE**  
**FORT LAUDERDALE, FL 33331**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRABHAM, DAMON K.	
STREET ADDRESS	5029 SW 6TH COURT	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	WATERS, GARY	
STREET ADDRESS	9101 S.W. 54TH ST.	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASCARI, FRANK	
STREET ADDRESS	8321 SW 29TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SINGER, SCOTT	
STREET ADDRESS	7921 NOREMAC AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LA VOLPE, WILLIAM K.	
STREET ADDRESS	3021 SW 47TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLBRITTON, JAMES O	
STREET ADDRESS	5600 SW 166 AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, SCOTT	
STREET ADDRESS	21025 N.E. 31ST AVE.	
CITY-ST-ZIP	ADVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Frank Mascari Date: 2/7/06 305-634-3419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR