2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000007645

CONSTRUCTION AND CRAFT WORKERS' LOCAL UNION NO. 1652, LIUNA, INC.



FILED Feb 12, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

6555 N POWERLINE RD SUITE 404

6555 N POWERLINE RD

SUITE 404

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

02072007 No Chg-NP

CR2E037 (4/06)

4. FEI Numbe 20-3181809

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIERZWA & ASSOCIATES, P.A. 3900 WOODLAKE BOULEVARD **SUITE 212** LAKE WORTH, FL 33463

PINDER, HOWARD

6555 N POWERLINE RD, # 404

FORT LAUDERDALE, FL 33309

6555 N POWERLINE RD, #404

HOUSTON, FREDDIE

FORT LAUDERDALE, FL 33309

6555 N POWERLINE RD, # 404

FORT LAUDERDALE, FL 33309

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8. The above the obligation	named entity submits this statement for the pations of registered agent.	ourpose of changing its registered o	ffice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	MATTHEW J. MIERZWA, JR.				02/08/07
	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling)				DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution	· 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MATTHEWS, THOMAS K 6555 N POWERLINE RD, # 404 FORT LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSTON, ALBERT 6555 N POWERLINE RD, # 404 FORT LAUDERDALE, FL 33309				U00000632664 02/21/07-80031-009 61.25
TITLE	VD				

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BUSH, JAMES STREET ADDRESS 6555 N POWERLINE RD. #404 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 SHAW, PAUL

12. Thereby 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 eath; 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.

SIGNATURE:

NAME

THILE

NAME

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/07

(954) 772-7448

Daytime Phone #