

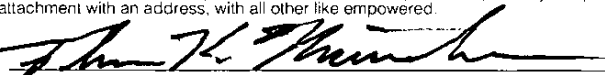


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90067 004 \*\*\*\*61.25

<b>DOCUMENT # N05000007645</b>					
<b>1. Entity Name</b> CONSTRUCTION AND CRAFT WORKERS' LOCAL UNION NO. 1652, LIUNA, INC.					
<b>Principal Place of Business</b> 6555 N POWERLINE RD SUITE 404 FORT LAUDERDALE, FL 33309		<b>Mailing Address</b> 6555 N POWERLINE RD SUITE 404 FORT LAUDERDALE, FL 33309			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 20-3181809	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MIERZWA & ASSOCIATES, P.A. 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 33463				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE <b>MATTHEW J. MIERZWA, JR.</b>				DATE <b>01/16/2008</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, THOMAS K			NAME	
STREET ADDRESS	6555 N POWERLINE RD, # 404			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, ALBERT			NAME	
STREET ADDRESS	6555 N POWERLINE RD, # 404			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	
TITLE	.VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINDER, HOWARD			NAME	
STREET ADDRESS	6555 N POWERLINE RD, # 404			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, JAMES			NAME	
STREET ADDRESS	6555 N POWERLINE RD, #404			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, PAUL			NAME	
STREET ADDRESS	6555 N POWERLINE RD, #404			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSTON, FREDDIE			NAME	<b>D NELSON, STANLEY</b>
STREET ADDRESS	6555 N POWERLINE RD, # 404			STREET ADDRESS	<b>6555 N. POWERLINE RD., #404</b>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>
<b>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.</b>					
SIGNATURE: 				DATE <b>01/16/2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE Daytime Phone # <b>(954) 772-7448</b>	