



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 024 ****61.25

DOCUMENT # N46236							
1. Entity Name INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.							
Principal Place of Business 11542 SW 152 PLACE MIAMI, FL 33196		Mailing Address 11542 SW 152 PLACE MIAMI, FL 33196					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0434817			
				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			7. Name and Address of New Registered Agent				
ROJAS, ANA M 11542 SW 152 PLACE MIAMI, FL 33196			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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, J.C.		NAME				
STREET ADDRESS	6000 NE 4 COURT		STREET ADDRESS	1177 NE 100 STREET			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI SHORES, FL 33138			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIS, NORM		NAME				
STREET ADDRESS	12333 S.W. 131 AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORAN, JIM		NAME				
STREET ADDRESS	13288 SW 120 ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HIGGINS, JOHN		NAME	ROBERT COWAN			
STREET ADDRESS	6000 NE 4 COURT		STREET ADDRESS	5965 NW 82 AVENUE			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33166			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, DANNY		NAME				
STREET ADDRESS	7234 NW 66 ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOODY, JOHN		NAME				
STREET ADDRESS	669 NW 90 ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33150		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: _____			Date: 1/9/2007		Daytime Phone #: (305) 825-1641		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							