


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90071 016 ****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**

40042211



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01082008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0434817

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROJAS, ANA M
 11542 SW 152 PLACE
 MIAMI, FL 33196**

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, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, J.C.	
STREET ADDRESS	1177 NE 100TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, NORM	
STREET ADDRESS	12333 S.W. 131 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAN, JIM	
STREET ADDRESS	13288 SW 120 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, ROBERT	
STREET ADDRESS	5965 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, DANNY	
STREET ADDRESS	7234 NW 66 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOODY, JOHN	
STREET ADDRESS	669 NW 90 ST	
CITY-ST-ZIP	MIAMI, FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDO MUNILLA	
STREET ADDRESS	7035 SW 47 STREET, SUITE G	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE BARROSO	
STREET ADDRESS	8249 NW 36 STREET, SUITE 104	
CITY-ST-ZIP	DORAL, FL 33166	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY HERNANDEZ	
STREET ADDRESS	1041 SW 67 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEDRIC DWYER	
STREET ADDRESS	273 NE 163 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
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: *[Signature]* **2/6/08** **305-825-1641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #