2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004
Secretary of State

DOCUMENT# N02000008368

Entity Name: SOUTHEASTERN COUNCIL OF IRONWORKER EMPLOYERS, INC.

Current Principal Place of Business:

C/O MANUEL U. ESCORCIA
4532 SW 71 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331411
COCONUT GROVE, FL 332330487 US

New Mailing Address:

FEI Number: 77-0606727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCORCIA, MANUEL U
4532 SW 71 AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JOHNSON, JAMES H	
Address:	3025 BLAINE STREET	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	( ) Delete
Name:	DEBONIS, HAROLD R	
Address:	2571 LINCOLN AVENUE #3	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	VP	( ) Delete
Name:	MAUS, ANTHONY K	
Address:	3001 JOSIE BILLY AVENUE	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	SD	( ) Delete
Name:	ESCORCIA, MANUEL U	
Address:	90 W. 10 STREET #7	
City-St-Zip:	HIALEAH, FL 33010	
Title:	D	( ) Delete
Name:	STEFF, MARK L	
Address:	1334 S. KILLIAN DR. #2	
City-St-Zip:	LAKE PARK, FL 33403	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. JOHNSON PD 08/20/2004

Electronic Signature of Signing Officer or Director — Date