


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N04733 1. Entity Name LOCAL 359, INC.	
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Principal Place of Business 7811 S.W. CORAL WAY STE. #101 MIAMI, FL 33155 US	Mailing Address 7811 S.W. CORAL WAY STE. #101 MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0534590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTOX, DWIGHT
7811 CORAL WAY
SUITE 101
MIAMI, FL 33155

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000079828
03/08/04-80084-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTOX, DWIGHT 7811 CORAL WAY , STE 101 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, GENE 7811 CORAL WAY STE 101 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDERSON, PHILIP 7811 CORAL WAY , STE 101 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD FREDERICKS, SUE 7811 CORAL WAY , STE 101 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD FLYNN, STEVE 7811 CORAL WAY 101 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dwight Mattox **Dwight Mattox** 2-11-04 305-904-4948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #