2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N25783

Entity Name: I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATION

Current Principal Place of Business:

C/O ROBERT A. SUGARMAN
301 N.E. 1ST STREET
POMPANO BEACH, FL 330606607

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT A. SUGARMAN
301 N.E. 1ST STREET
POMPANO BEACH, FL 330606607

New Mailing Address:

FEI Number: 59-6135947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUGARMAN, ROBERT A
100 MIRACLE MILE
SUITE 300
CORAL GABLES, FL 33134 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: HAYNICK, TIM
Address: 301 NE 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete
Name: DONOVAN, STEVE
Address: 301 NE 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: FS ( ) Delete
Name: MURPHY, KEITH
Address: 301 NE 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: RS ( ) Delete
Name: CROSSON, WALTER
Address: 301 NE 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: TRES ( ) Change (X) Addition
Name: BRUCKER, TIM
Address: 301 NE 1 STREET
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIM BRUCKER TRES 02/19/2009
Electronic Signature of Signing Officer or Director — Date