



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 029 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0434817	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (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. <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	RODRIGUEZ, J.C.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14250 S.W. 136 ST #14		NAME	
STREET ADDRESS		MIAMI, FL 33186		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VP	WILLIS, NORM	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12333 S.W. 131 AVE		NAME	
STREET ADDRESS		MIAMI, FL 33186		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S	MORAN, JIM	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13288 SW 120 ST		NAME	
STREET ADDRESS		MIAMI, FL 33186		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	HIGGINS, JOHN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6900 NE 4 COURT		NAME	
STREET ADDRESS		MIAMI, FL 33138		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	SIMS, ALAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1089 SE 9 CRT		NAME	
STREET ADDRESS		HIALEAH, FL 33010		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S	MOODY, JOHN	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		669 NW 90 ST		NAME	
STREET ADDRESS		MIAMI, FL 33150		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		V.P.		1/08/04 305 825 1641	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JIM MORAN		Date Daytime Phone #	