## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 22, 2006 8:00 am Secretary of State

DOCUMENT # N46236  1. Entity Name INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.						0004 039			
Principal Place of Business 11542 SW 152 PLACE MIAMI, FL 33196  Mailing Address 11542 SW 152 PLACE MIAMI, FL 33196				1 IBBIGB1 B0 P1BI	1 AHIB 11002 1311F 91	11 <b>818</b> 11 <b>878</b> 14 <b>8</b> 14	FII 61814 BY911 614	Miller er reer	
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122006 C	hg-NP	CR2E0	37 (11/05)		
City & State	City & State	/ & State		65-04348	17		N	oplied For ot Applicable	
Zip Country	Zip	Zip Country			5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current	Registered Agent	Name	7	. Name and Add	tress of New I	Registered	Agent		
ROJAS, ANA M 11542 SW 152 PLACE			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33196									
			FL Zip Code						
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	or the purpose of changing its	registered office of	r registered	agent, or both, in	the State of FI	orida. I am	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent	and title if annicable (NOT)	E: Registered Agent signa	ture required who	o coinstation)		DATE			
		·			7	-	<del></del>		
Filing Fee is \$61.25		S. Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
Due by May 1, 2006			⊔ Ad	Ided to Fees	Flo	rida Depar	tment of S	tate	
10. OFFICERS AND DI	RECTORS	Contribution.	⊔ Ad	5.00 May Be Ided to Fees	Flo	rida Depar	RECTORS IN	tate	
		Contribution.	⊔ Ad	Ided to Fees	Flo	rida Depar	tment of S	tate	
10. OFFICERS AND DISTILLE D RODRIGUEZ, J.C. STREET ADDRESS 6900 NE 4 COURT	RECTORS	11. TITLE NAME STREET ADDRESS	⊔ Ad	Ided to Fees	Flo	rida Depar	RECTORS IN	tate	
10. OFFICERS AND DIE  TITLE D  NAME RODRIGUEZ, J.C.  STREET ADDRESS 6900 NE 4 COURT  CITY-ST-ZIP MIAMI, FL 33186	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	⊔ Ad	Ided to Fees	Flo	rida Depar	RECTORS IN	N 10 Addition	
10. OFFICERS AND DISTILLE D RODRIGUEZ, J.C. STREET ADDRESS 6900 NE 4 COURT	RECTORS	11. TITLE NAME STREET ADDRESS	⊔ Ad	Ided to Fees	Flo	rida Depar	RECTORS IN	tate	
10. OFFICERS AND DIT TITLE D NAME RODRIGUEZ, J.C. STREET ADDRESS 6900 NE 4 COURT CITY-ST-ZIP MIAMI, FL 33186	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	⊔ Ad	Ided to Fees	Flo	rida Depar	RECTORS IN	N 10 Addition	
10. OFFICERS AND DIT  TITLE D  NAME RODRIGUEZ, J.C.  STREET ADDRESS 6900 NE 4 COURT  CITY-ST-ZIP MIAMI, FL 33186  TITLE D  NAME WILLIS, NORM  STREET ADDRESS 12333 S.W. 131 AVE  CITY-ST-ZIP MIAMI, FL 33186	RECTORS  Delete  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADC	Ided to Fees	Flo	rida Depar	RECTORS IN Change	V 10 Addition Addition Addition	
10. OFFICERS AND DIT  TITLE D  NAME RODRIGUEZ, J.C.  STREET ADDRESS 6900 NE 4 COURT  CITY-ST-ZIP MIAMI, FL 33186  TITLE D  NAME WILLIS, NORM  STREET ADDRESS 12333 S.W. 131 AVE  CITY-ST-ZIP MIAMI, FL 33186  TITLE P	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS THE TADDRE	⊔ Ad	Ided to Fees	Flo	rida Depar	RECTORS IN	N 10 Addition	
10. OFFICERS AND DISTILLE NAME RODRIGUEZ, J.C. STREET ADDRESS 6900 NE 4 COURT CITY-ST-ZIP MIAMI, FL 33186  TITLE D NAME WILLIS, NORM STREET ADDRESS 12333 S.W. 131 AVE MIAMI, FL 33186	RECTORS  Delete  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ADC	Ided to Fees	Flo	rida Depar	RECTORS IN Change	V 10 Addition Addition Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR