
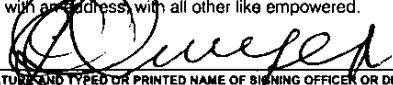


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90071 016 ****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 - No P.O. Box #		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"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROJAS, ANA M 11542 SW 152 PLACE MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008			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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, J.C. <input checked="" type="checkbox"/> Delete 1177 NE 100TH STREET MIAMI SHORES, FL 33138				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, NORM <input checked="" type="checkbox"/> Delete 12333 S.W. 131 AVE MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JIM <input type="checkbox"/> Delete 13288 SW 120 ST MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, ROBERT <input type="checkbox"/> Delete 5965 NW 82ND AVE. MIAMI, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, DANNY <input type="checkbox"/> Delete 7234 NW 66 ST MIAMI, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, JOHN <input checked="" type="checkbox"/> Delete 669 NW 90 ST MIAMI, FL 33150				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO MUNILLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7035 SW 47 STREET, SUITE G MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE BARROSO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8249 NW 36 STREET, SUITE 104 DORAL, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY HERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1041 SW 67 AVENUE MIAMI, FL 33144				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEDRIC DWYER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 273 NE 163 STREET NORTH MIAMI BEACH, FL 33162				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/6/08 Daytime Phone #: 305-825-1641					

40042211



01082008 Chg-NP CR2E037 (12/06)