2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am DOCUMENT # N95000000674 **Secretary of State** 1. Entity Name 02-20-2006 90048 031 ****61.25 INTERNATIONAL UNION OF ELECTRONICS, ELECTRICAL, TECHNICAL, SALARIED, MACHINE AND Mailing Address Principal Place of Business 936 SW 68TH AVE. 936 SW 68TH AVE. MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 11001 NW 205T. 11001 NW ZOST. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For PEMBIONE PINES PEMBroke PINES 59-6209523 Not Applicable Zip 33026 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IRA LEWIS .. SZWANKE, RAYMOND Street Address (P.Q. Box Number is Not Acceptable) 1200 NW 183RD ST MIAMI FL 33179 NW ZOST Zip Code 33026 Dembroke 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. 2/9/2006 SIGNATURE Signature, typed or printed name of registered agent and title if apolicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ■ Addition SZWANKE, RAYMOND NAME NAME 1200 NE 183 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F FREDERICK, EDWARD NAME NAME 841 MONTICELLO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-7IP TITLE ☐ Delete ____ Change____ Addition LEWIS, IRA NAME MARAE STREET ADDRESS 11001 NW 20 ST STREET ADDRESS CITY - ST- ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME WALTERS, JAKE NAME STREET ADDRESS 1720 NW 36TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBORKE PINES FL 33066 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition RUDOLFO CAMEJO GARCIA, MORIO NAME NAME 19600 SW79 .T. 1466 SE 22 LN STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33035 CITY-ST-ZIP CITY-ST-ZIP MIAMI 33187 ☐ Change ☐ Delete TITLE Addition TITLE REIN, REDIK NAME NAME 9765 SW 52 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Im for

2/9/06

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