
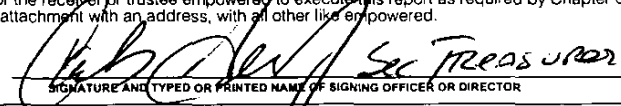


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N97000006210 1. Entity Name TWU LOCAL 568 BUILDING CORPORATION						FILED 07 SEP 21 AM 10:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5395 NW 36TH ST MIAMI, FL 33166-5924 US				Mailing Address 5395 NW 36TH ST MIAMI, FL 33166-5924 US			
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	
6. Name and Address of Current Registered Agent RICHARD, MARK 6950 N. KENDALL DR. MIAMI, FL 33156				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ALEX 5395 NW 36TH ST MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD T. LEE, JR. 5395 N.W. 36 STREET MIAMI, FL 33166			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MIKE 5395 NW 36TH ST MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT MICHAEL IVAN GARCIA 300109861523 09/26/07--01038--012 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, CARLOS 5395 NW 36TH ST MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER CARLOS MIGUEL HERNANDEZ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENDE, JOSEPH 5395 NW 36TH ST MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT JOSEPH ROSENDE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, TOM 5395 NW 36 STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY MIGUEL PUMARIEGA 5395 N.W. 36 STREET MIAMI, FL 33166			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/19/07		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 an other like empowered.							
SIGNATURE: 				9/19/07 205 8742788			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			