

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014342

FILED
Mar 02, 2010
Secretary of State

Entity Name: E QUALITY CABLES, INCORPORATED

Current Principal Place of Business:

4450 ENTERPRISE COURT
SUITE G
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4450 ENTERPRISE COURT
SUITE G
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 20-8349327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEAU, DARLA L
1917 FABIEN CIRCLE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: BLEAU, DARLA L
Address: 1917 FABIEN CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: DIR
Name: FECHNER, JOSEPH
Address: 1101 S. MIRAMAR ROAD
City-St-Zip: INDIALANTIC, FL 32903 US

Title: DIR
Name: SINGH, RAJIV
Address: 11005 HUNTERS VIEW ROAD
City-St-Zip: ELLICOTT CITY, MD 21042 US

Title: D
Name: SHARMA, ASHOK
Address: POONAM CHAMBERS
City-St-Zip: WORLI, MUMBAI, MU 400018 IN

Title: DIR
Name: SHARMA, AIHSHAN
Address: POONAM CHAMBERS
City-St-Zip: WORLI, MUMBAI, MU 400018 IN

Title: DIR
Name: SARDESAI, SUNIL
Address: POONAM CHAMBERS
City-St-Zip: WORLI, MUMBAI, MU 400018 IN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARLA L. SMITH

PRES

03/02/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date