

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81497

FILED
Jan 14, 2004
Secretary of State

Entity Name: CABLE WIRING, INC.

Current Principal Place of Business:

5610 RODMAN STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

% NICHOLAS KARL
1420 S.W. 98TH AVE
HOLLYWOOD, FL 33025

New Mailing Address:

FEI Number: 65-0142032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICK, KARL
1420 SW 98TH AVENUE
SUITE 116
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

NICK, KARL PRES
1420 SW 98TH AVENUE
PEMBROKE PINES, FL 33025 US

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: NICK KARL

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KARL, NICHOLAS,
Address: 1420 S.W. 98TH AVE.
City-St-Zip: PEMBROKE PINES FL,

Title: SD () Delete
Name: KARL, JOSEPHINE,
Address: 1420 S.W. 98TH AVE.
City-St-Zip: PEMBROKE PINES FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICK KARL

PRES

01/14/2004

Electronic Signature of Signing Officer or Director

Date