

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017413

FILED
Feb 19, 2004
Secretary of State

Entity Name: TECHNOCABLE WIRING SPECIALIST, INC.

Current Principal Place of Business:

513 MAJORCA AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

6508 EVERINGHAM LN.
SANFORD, FL 32771

Current Mailing Address:

513 MAJORCA AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

6508 EVERINGHAM LN.
SANFORD, FL 32771

FEI Number: 59-3628062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, ALINE
513 MAJORCA AVENUE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SILVA, ALINE
6508 EVERINGHAM LN.
SANFORD, FL 32771 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:

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVA, HUMBERTO
Address: 513 MAJORCA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: SILVA, ALINE
Address: 513 MAJORCA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SILVA, HUMBERTO
Address: 6508 EVERINGHAM LN.
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: SILVA, ALINE
Address: 6508 EVERINGHAM LN.
City-St-Zip: SANFORD, FL 32771

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: ALINE SILVA

OFFI

02/19/2004

Electronic Signature of Signing Officer or Director

Date