## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000017413

Entity Name: TECHNOCABLE WIRING SPECIALIST, INC.

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6200 BORDEAUX CIR SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 6200 BORDEAUX CIR 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: Name and Address of New Registered Agent: SILVA, ALINE SILVA, ALINE 6508 ÉVERINGHAM LN. 6200 BORDEAUX CIR. US SANFORD, FL 32771 SANFORD, FL 32771 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: ALINE SILVA 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition SILVA, HUMBERTO Name: Name: 6200 BORDEAUX CIR. Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: Title: () Change () Addition () Delete

 Name:
 SILVA, ALINE
 Name:

 Address:
 6200 BORDEAUX CIR.
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 SILLVA SECR 04/27/2007