

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000047878

FILED
Jul 07, 2009
Secretary of State**Entity Name:** CABLING TECHNOLOGIES INC.**Current Principal Place of Business:**13790 NW 4TH ST.
SUITE 103
SUNRISE, FL 33325**New Principal Place of Business:****Current Mailing Address:**13790 NW 4TH ST.
SUITE 103
SUNRISE, FL 33325**New Mailing Address:****FEI Number:** 65-1010689**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COZZOLINO, DOMINIC J
13790 NW 4TH ST.
SUITE 103
SUNRISE, FL 33325 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

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: COZZOLINO, DOMINIC J
Address: 11817 NW 12TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** VPS () Delete
Name: COZZOLINO, LESLIE L
Address: 11817 NW 12TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPS (X) Change () Addition
Name: COZZOLINO, DOMINIC J
Address: 11817 NW 12TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: DOMINIC COZZOLINO

PT

07/07/2009

Electronic Signature of Signing Officer or Director

Date