2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000104910

1. Entity Name

PLATINUM WIRE & CABLE, INC.

Principal Place of Business

3301 NW 22ND TERR

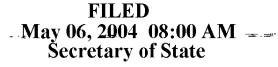
700 F

POMPANO BEACH, FL 33069

Mailing Address

3301 NW 22ND TERR

POMPANO BEACH, FL 33069





DO NOT WRITE IN THIS SPACE

05042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 75-2994791

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

EASON, STEVE 3301 NW 22ND TERR 700 F

POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

			<u> </u>		200000 10000000000000000000000000000000	
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SiGNATURE Signature, typod or printed name of registered agent and title # applicable (NOTE, Registered				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BISHOP, JOHN 3301 NW 22ND TERR 700F POMPANO BEACH, FL 33069				000000157510 05/06/04-80029-015 150.80	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD BAKER, LAWRENCE 3301 NW 22ND TERR 700F POMPANO BEACH, FL 33069					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EASON, STEVE 3301 NW 22ND TERR 700F POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-57-ZIP	SD HEINSLER, DON 3301 NW 22ND TERR 700F POMPANO BEACH, FL 33069					
TITLE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.9.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trustee empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attact point with an addition with each of the removered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR