2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000037040

1. Entity Name
ALL POWER AND WIRE INC.

Principal Place of Business	Mailing Address
12013 SW 114TH PLACE	12013 SW 114TH PLACE
MIAMI, FL 33186	MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

03122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
32-0009977	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, DAVID
20631 SW 124 CT
MIAMI, FL 33177

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCINTYRE, DAVID
STREET ADDRESS	20631 SW 124 CT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	STD
NAME	MCINTYRE, MARIA E
STREET ADDRESS	20631 SW 124 CT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000669497
03/27/07-80072-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _/s/ Maria McIntyre_   X 03/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #