

FILED
Apr 28, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000037040 1. Entity Name ALL POWER AND WIRE INC.		
Principal Place of Business 12013 SW 114TH PLACE MIAMI, FL 33186	Mailing Address 12013 SW 114TH PLACE MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE		 04242008 No Chg-P CR2E034 (11/05)
		4. FEI Number 32-0009977 Applied For 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		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCINTYRE, DAVID 20631 SW 124 CT MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCINTYRE, MARIA E 20631 SW 124 CT MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 this 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: <u>Maria McIntyre</u> Owner		Date <u>4/24/8</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		