

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90082 046 ***150.00

DOCUMENT # P04000007723

1. Entity Name
CUBIT WIRE & CABLE CO., INC.



Principal Place of Business
**2350 CRYSTAL ROAD
FORT MYERS, FL 33907**

Mailing Address
**2350 CRYSTAL ROAD
FORT MYERS, FL 33907**

2. Principal Place of Business
181 APPLETON STREET
Suite, Apt. #, etc.

3. Mailing Address
181 APPLETON STREET
Suite, Apt. #, etc.



03092005 Chg-P CR2E034 (10/03)

City & State
HOLYOKE MASSACHUSETTS
Zip Country
01040 USA

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Zip Country
01040 USA

4. FEI Number
20-0581909
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **HERNANDEZ, RAUL** ☐ Delete
STREET ADDRESS **2350 CRYSTAL ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE STD
NAME **VELATINI, CARL** ☒ Delete
STREET ADDRESS **2350 CRYSTAL ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **HERNANDEZ, RAUL**
STREET ADDRESS **2350 CRYSTAL ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **HERNANDEZ, RAUL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05
Date Daytime Phone #