2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084417

Title:

Name:

Address:

City-St-Zip:

FILED Mar 25, 2005 Secretary of State

Entity Nan	ne: ELECTRO	CABLE & WIRE, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
10408 W. N TAMARAC	ICNAB ROAD , FL 33321						
Current Mailing Address:			New Mailing Address:				
10408 W. N TAMARAC	MCNAB ROAD , FL 33321						
FEI Number: 87-0727203 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Des		esired ()			
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SEILER, HO 10408 W. N TAMARAC	ICNAB ROAD	JS					
The above in the State		bmits this statement for the pu	rpose of changing it	ts registered o	office or registered ag	ent, or both,	
SIGNATUR							
Election Carr		Signature of Registered Agen Frust Fund Contribution ().	t		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () C SEILER, HOWAR 4533 NW 67 AVE CORAL SPRINGS		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () C AGUIRRE, FRANC 5265 SW 171 AV MIRIMAR, FL 33	E.	Title: Name: Address: City-St-Zip:	VP (X AGUIRRE, FR/ 5265 SW 171 MIRAMAR, FL	AVE.		
Title: Name: Address: City-St-Zip:	S () E SEILER, LENORA 4533 NW 67 AVE CORAL SPRINGS	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCISCO AGUIRRE VΡ 03/25/2005

() Delete

AGUIRRE, GIANNA M

5265 SW 171 AVE.

MIRIMAR, FL 33027

(X) Change () Addition

AGUIRRE, GÌANNA M

5265 SW 171 AVE.

MIRAMAR, FL 33027