


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000084417 1. Entity Name ELECTRO CABLE & WIRE, INC.	
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Principal Place of Business 10408 W. MCNAB ROAD TAMARAC, FL 33321	Mailing Address 10408 W. MCNAB ROAD TAMARAC, FL 33321
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01122006 No Chg-P CF2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0727203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEILER, HOWARD 10408 W. MCNAB ROAD TAMARAC, FL 33321
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**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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEILER, HOWARD 4533 NW 87 AVE. CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUIRRE, FRANCISCO J 5265 SW 171 AVE. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEILER, LENORA 4533 NW 87 AVENUE CORAL SPRINGS, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUIRRE, GIANNA M 5265 SW 171 AVE. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/06-80033-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:  **2-16-06** **954** **726-1926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #