

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000084417**

1. Entity Name

ELECTRO CABLE & WIRE, INC.



Principal Place of Business

10408 W. MCNAB ROAD  
TAMARAC, FL 33321

Mailing Address

10408 W. MCNAB ROAD  
TAMARAC, FL 33321



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

87-0727203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEILER, HOWARD  
10408 W. MCNAB ROAD  
TAMARAC, FL 33321

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | P                       |
| NAME           | SEILER, HOWARD          |
| STREET ADDRESS | 4533 NW 67 AVE.         |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33067 |
| TITLE          | VP                      |
| NAME           | AGUIRRE, FRANCISCO J    |
| STREET ADDRESS | 5265 SW 171 AVE.        |
| CITY-ST-ZIP    | MIRAMAR, FL 33027       |
| TITLE          | S                       |
| NAME           | SEILER, LENORA          |
| STREET ADDRESS | 4533 NW 67 AVENUE       |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33027 |
| TITLE          | T                       |
| NAME           | AGUIRRE, GIANNA M       |
| STREET ADDRESS | 5265 SW 171 AVE.        |
| CITY-ST-ZIP    | MIRAMAR, FL 33027       |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

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02/05/08-80008-017 150.00

**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 like empowered.

SIGNATURE: Francisco J Aguirre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco J Aguirre  
Vice President

Date

1/25/08

Daytime Phone #

954 726-1926