

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025943

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: TOTAL CABLING SOLUTIONS, INC.

## Current Principal Place of Business:

599 SAWGRASS CORP PARKWAY  
SUNRISE, FL 33325 US

## New Principal Place of Business:

15712 SW 41ST STREET  
SUITE 11  
DAVIE, FL 33331

## Current Mailing Address:

599 SAWGRASS CORP PARKWAY  
SUNRISE, FL 33325 US

## New Mailing Address:

15712 SW 41ST STREET  
SUITE 11  
DAVIE, FL 33331

FEI Number: 65-0569291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANN & WOLF, LLP  
4300 N UNIVERSITY DR  
SUITE C-203  
SUNRISE, FL 33351

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CYR, DANNY  
Address: 599 SUNGRASS CORP. PWKY  
City-St-Zip: SUNRISE, FL 33325

Title: VTD ( ) Delete  
Name: LEONHARDT, ERIK  
Address: 599 SUNGRASS CORP. PKWY  
City-St-Zip: SUNRISE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DANNY W. CYR

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04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date