2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089499

ALONSO NG, ANNABEL

PO BOX 653856

MIAMI, FL 33265

Name: Address:

City-St-Zip:

FILED Apr 25, 2005 Secretary of State

Entity Name: PREMISES CABLING SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2474 SW 111 AVE MIAMI, FL 33165 **Current Mailing Address: New Mailing Address:** PO BOX 653856 MIAMI, FL 33265 FEI Number: 65-0953496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NG, KENBIAN FERNANDEZ, JESUS PO BOX 653856 PO BOX 653856 MIAMI, FL 33265 US MIAMI, FL 33265 US 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: JESUS FERNANDEZ 04/25/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FERNANDEZ, JESUS Name: Name: PO BOX 653856 Address: Address: City-St-Zip: MIAMI, FL 33265 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: NG. KENBIAN Name: ALONSO NG, ANNABEL PO BOX 653856 PO BOX 653856 Address: Address: MIAMI, FL 33265 MIAMI, FL 33265 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition DELGADILLO, GISELA Name: Name: PO BOX 653856 Address: Address: City-St-Zip: MIAMI, FL 33265 City-St-Zip: Title: (X) Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JESUS FERNANDEZ D 04/25/2005