

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06286

FILED
Jan 14, 2009
Secretary of State

Entity Name: RDE CONNECTORS & CABLES, INC.

Current Principal Place of Business:

5277 NW 108 AVENUE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

5277 NW 108 AVENUE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0309559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DERKSEN, MICHAEL
3202 NW 103 TER APT #B102
CORAL SPRINGS, FL 33065 US

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: ST () Delete
Name: LAWRENCE, COFAR
Address: 915 MIDDLE RIVER DRIVE STE 506
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: DERKSEN, ANGELIKA
Address: 1010 NW 117 AVE
City-St-Zip: CORAL SPGS, FL 33071

Title: P () Delete
Name: DERKSEN, MICHAEL
Address: 3202 NW 103 TER APT B102
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: DUERR, STEFAN
Address: BISMARCK STREET 41
City-St-Zip: LEONBERG, GM D-71229

Title: D () Delete
Name: SKELTON, DAVID
Address: 6395 HUNTSMEN DRIVE
City-St-Zip: HARRISBURG, PA 17111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated 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 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: ANGELIKA DERKSEN

VP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date