I hereby 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 all other like empowered.

SIGNATURE: ALINE SILVA	VICE
	PRESIDENT/OFFICER

Electronic Signature of Signing Officer/Director Detail

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 **Officer/Director Detail :** PRESIDENT Title VP Title Name SILVA, HUMBERTO MARCAL Name ALINE, SILVA Address 4301 W. VASCONIA ST Address 4301 W. VASCONIA ST City-State-Zip: TAMPA FL 33629

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017413

Entity Name: TECHNOCABLE WIRING SPECIALIST, INC.

Current Principal Place of Business:

4301 W. VASCONIA ST. TAMPA, FL 33629

Current Mailing Address:

3110 CHERRY PALM DR. **SUITE 380** TAMPA, FL 33619 US

FEI Number: 59-3628062

Name and Address of Current Registered Agent:

SILVA, ALINE 4301 W VASCONIA ST TAMPA, FL 33629 US

FILED Feb 01, 2024 Secretary of State 3598392072CC

Certificate of Status Desired: Yes

City-State-Zip: TAMPA FL 33629

02/01/2024

Date

Date