# 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.

VICE

## SIGNATURE: ALINE SILVA

Electronic Signature of Signing Officer/Director Detail

Date

## 2025 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 Certificate of Status Desired: Yes

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 City-State-Zip: TAMPA FL 33629

FILED Feb 10, 2025 Secretary of State 1657014512CC

Date

02/10/2025 PRESIDENT/OFFICER