2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State DOCUMENT # P03000037856 05-02-2006 90163 022 ***150.00 GLOBAL CABLE SOLUTION, INC. Principal Place of Business Mailing Address 12311 NATALIES COVE RD 12311 NATALIES COVE RD COOPER CITY, FL 33330 COOPER CITY, FL 3333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) Cha-P 010776464 City & State Applied For City & State Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ Alexandro GONZALEZ, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 12311 NATALIES COVE RD COOPER CITY, FL 33330 10581 SW 155Ct. # 1222 City Mianti FL Zip Code 196 FL 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Specture, based or protect near (NOTE: Recistered Agent signature required when reinstation) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change - Addition Gonzalez Alejandro GONZALEZ, ALEJANDRO NAME NAME STREET ADDRESS 12311 NATALIES COVE RD STREET ADDRESS 10581 SW 155 CT. COOPER CITY, FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _

FILED