

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90480 047 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F04000004950	
1. Entity Name TELECABLE COMMUNICATIONS CORPORATION	

Principal Place of Business P.O. BOX 970486 BOCA RATON, FL 33497	Mailing Address P.O. BOX 970486 BOCA RATON, FL 33497
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50017754



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3181079	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, DAVID 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHITE, DAVID 19444 SATURNIA LAKES DRIVE STE. 100 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DANOTT, MARGI 11850 PRESERVADON LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOCH, HUBERT 821 GARDEN DRIVE FRANKLIN SQUARE, NY 11025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 power like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date

361-380-8882

Daytime Phone #