

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000006710

1. Entity Name
NORTH AMERICAN CABLE EQUIPMENT, INC.



Principal Place of Business
10036 NW 53RD ST
SUNRISE, FL 33351-8068

Mailing Address
1085 ANDREW DR, SUITE A
WEST CHESTER, PA 19380



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2692118

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STARR, AARON
10036 NW 53RD ST
SUNRISE, FL 33351-8068

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000845548
03/14/08-80002-011158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SAGER, ED
STREET ADDRESS	570 NOTTINGHAM DRIVE
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	P
NAME	STARR, AARON
STREET ADDRESS	1180BERWICK DRIVE
CITY-ST-ZIP	WEST CHESTER, PA 19382
TITLE	V
NAME	RUFO, LAWRENCE
STREET ADDRESS	3311 NORMA DRIVE
CITY-ST-ZIP	THORNDAL, PA 19372
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AARON STARR PRESIDENT 2/28/08

Date

Daytime Phone #

610-429-1821