


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000034562 1. Entity Name CABLE'S USA, L.L.C.	
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Principal Place of Business 208 NE 3RD ST MIAMI, FL 33132	Mailing Address 208 NE 3RD ST MIAMI, FL 33132
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01122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1145546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CUEVAS & RUBIN, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134

**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


**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENTINI, UMBERTO 4557 NW 96 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALANDRIELLO, MARIA 4557 NW 96 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENTINI, JULIETA 4557 NW 96 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENTINI, FRANCISCO 4557 NW 96 AVE. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80063-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #