

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000038918

1. Entity Name  
CABLE SYSTEMS CONTRACTING, INC.



**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
247 SW 8TH STREET  
PMB 177  
MIAMI, FL 33130

Mailing Address  
247 SW 8TH STREET  
PMB 177  
MIAMI, FL 33130



02242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1104210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BEFELER, GEORGE  
80 SOUTHWEST 8TH STREET  
SUITE 3100  
MIAMI, FL 33130

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000651265  
03/08/07-80045-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCHWARTZ, LEWIS
STREET ADDRESS	247 SW 8TH STREET PMB 177
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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

*LEWIS SCHWARTZ*

Date

*2-24-07*

Daytime Phone #

*305 710-8971*