

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109415

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CABALLERO TV & CABLE SALES, INC.

## Current Principal Place of Business:

299 ALHAMBRA CIRCLE  
SUITE 510  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

299 ALHAMBRA CIRCLE  
SUITE 510  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 41-2063146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABALLERO, EDUARDO  
299 ALHAMBRA CIRCLE  
SUITE 510  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPENGLER, PETER J  
Address: 299 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P/D ( ) Delete  
Name: CABALLERO, EDUARDO  
Address: 299 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP/D ( ) Delete  
Name: STAFFORD, PETER J  
Address: 299 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP/D ( ) Delete  
Name: CABALLERO STAFFORD, ROSAMARIA  
Address: 299 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL O PENA

ACCT

04/29/2005

Electronic Signature of Signing Officer or Director

Date