

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 020 ***150.00

DOCUMENT # P03000022449

1. Entity Name

CS SATELLITE INC.



Principal Place of Business

600 REGENCY WAY
KISSIMMEE FL 34748

Mailing Address

600 REGENCY WAY
KISSIMMEE FL 34748



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3512 Beau Chene Dr.

City & State

Kissimmee

Zip

34744

Country

osceola

3. Mailing Address

Suite, Apt. #, etc.

3512 Beau Chene Dr.

City & State

Kissimmee

Zip

34744

Country

osceola

1st MOORE

CR2E034 (10/06)

4. FEI Number

43-1999126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANTOS, CESAR
600 REGENCY WAY
KISSIMMEE FL 34748

7. Name and Address of New Registered Agent

Name

Santos Cesar

Street Address (P.O. Box Number is Not Acceptable)

3512 Beau Chene Dr.

City

Kissimmee

FL

Zip Code

34744

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

Cesar Santos

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

(NOTE: Registered Agent signature required when reinstating)

8-12-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANTOS, CESAR ☒ Delete
STREET ADDRESS 600 REGENCY WAY
CITY-ST-ZIP KISSIMMEE FL 34748

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Santos Cesar ☒ Change ☐ Addition
STREET ADDRESS 3512 Beau Chene Dr.
CITY-ST-ZIP Kissimmee FL 34744

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

Cesar Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/12/07

Daytime Phone #