2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000155669

1. Entity Name
AR CABLE, INC.

Principal Place of Business
1436 HUMPHREY BLVD
DELTONA, FL 32738

Mailing Address
1436 HUMPHREY BLVD
DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

03302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2423986	Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, ANIBAL
1436 HUMPHREY BLVD
DELTONA, FL 32738

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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 _____   4-28-06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIVERA, ANIBAL
STREET ADDRESS	1436 HUMPHREY BLVD
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	
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05/17/06-80089-015 150.00

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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 all other like empowered.

SIGNATURE: _____   4-28-06   386-747-990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #