

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071652

Entity Name: GABRIEL MUNOZ CABLE TV INC

FILED  
Aug 26, 2009  
Secretary of State

## Current Principal Place of Business:

17228 NW 73 PATH  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

17228 NW 73 PATH  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 10-1078196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNOZ, GABRIEL J  
17228 NW 73 PATH  
MIAMI, FL 33015 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: MUNOZ, GABRIEL J  
Address: 17228 NW 73 PATH  
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete  
Name: CARBAJAL, LAZARO  
Address: 17228 NW 73 PATH  
City-St-Zip: MIAMI LAKES, FL 33015

Title: D (X) Delete  
Name: MUNOZ, CLAUDIA E  
Address: 940 CYPRESS WAY EAST  
City-St-Zip: PALM SPRINGS, FL 33416

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MUNOZ, CLAUDIA E  
Address: 940 CYPRESS WAY EAST  
City-St-Zip: PALM SPRINGS, FL 33416

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GABRIEL MUNOZ

PS

08/26/2009

Electronic Signature of Signing Officer or Director

Date