

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008886

Entity Name: INNOVA CABLE TRAY, INC.

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

15841 PINES BLVD STE 324
PEMBROKE PINES, FL 33027

New Principal Place of Business:

15841 PINES BLVD.
STE 324
PEMBROKE PINES, FL 33027

Current Mailing Address:

15841 PINES BLVD STE 324
PEMBROKE PINES, FL 33027

New Mailing Address:

15841 PINES BLVD.
STE 324
PEMBROKE PINES, FL 33027

FEI Number: 20-2189044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, OMAR E
15841 PINES BLVD STE 324
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

DEL RIO, GERARDO
15841 PINES BLVD.
STE 324
PEMBROKE PINES, FL 33027 US

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: GERARDO DEL RIO

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOREIRA, OMAR E
Address: 15841 PINES BLVD STE 324
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD () Delete
Name: DEL RIO, GERARDO
Address: 15841 PINES BLVD STE 324
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD (X) Delete
Name: SAAVEDRA, GUSTAVO M
Address: 15841 PINES BLVD STE 324
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEL RIO, GERARDO
Address: 15841 PINES BLVD. STE 324
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD (X) Change () Addition
Name: SAAVEDRA, GUSTAVO M
Address: 15841 PINES BLVD. STE 324
City-St-Zip: PEMBROKE PINES, FL 33027

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 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: GERARDO DEL RIO

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date