

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000041835

1. Entity Name

NICOLAS MARTE CABLE INCORPORATED



Principal Place of Business

5341 HAWKS LANDING, APT. 105  
FT. MYERS FL 33907

Mailing Address

5341 HAWKS LANDING, APT. 105  
FT. MYERS FL 33907

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

3. Mailing Address

SAME

Suite, Apt. #, etc.

3104 SW 36 ST

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33971

Country

LEE

Zip

Country

4. FEI Number

20-4634009

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

MARTE, NICOLAS  
5341 HAWKS LANDING, APT. 105  
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name

NICOLAS MARTE

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

3104 SW 36 ST

City

LEHIGH ACRES

FL

Zip Code  
33971

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

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

(NOTE: Registered Agent signature required when resigning)

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 MARTE, NICOLAS  
STREET ADDRESS 5341 HAWKS LANDING, APT. 105  
CITY-STATE-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARTE, NICOLAS  
STREET ADDRESS 3104 SW 36 ST  
CITY-STATE-ZIP LEHIGH ACRES FL 33971 ☒ Change ☐ Addition

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

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

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

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

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

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: *Nicolas Marte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07 (239) 839-0239

Date

Daytime Phone #