

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147768

FILED
Feb 06, 2007
Secretary of State

Entity Name: CABLEORGANIZER LEASING, INC.

Current Principal Place of Business:

5610 NW 12TH AVE
#214
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5610 NW 12TH AVE
#214
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 20-5977763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSTEIN, PAUL
5610 NW 12TH AVE
#214
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLSTEIN, PAUL
Address: 5610 NW 12TH AVE, #214
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VP () Delete
Name: HOLSTEIN, VALERIE
Address: 5610 NW 12TH AVE, #214
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAUL HOLSTEIN

P

02/06/2007

Electronic Signature of Signing Officer or Director

Date