


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P99000075555

1. Entity Name
INTERNATIONAL CABLE GUYS INC



Principal Place of Business
**1500 HUDSON ALLEN RD
 BUNNELL, FL 32110**

Mailing Address
**1515 RIDGEWOOD AVE
 A
 HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

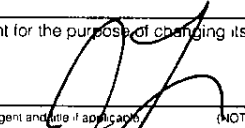
4. FEI Number 59-3593929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOGUIDICE, JOE
 1515 RIDGEWOOD AVE
 HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE

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  DATE **3/5/08**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

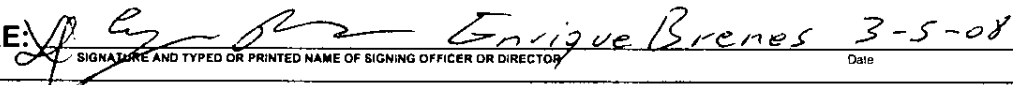
10. OFFICERS AND DIRECTORS

TITLE P	ENRIQUE, BRENES
NAME	1500 HUDSON ALLEN RD.
STREET ADDRESS	BUNNELL, FL 32110
CITY-ST-ZIP	
TITLE S	BRENES, IRMA
NAME	1500 HUDSON ALLEN RD.
STREET ADDRESS	BUNNELL, FL 32110
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 03/27/08-80064-023 150.00

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:  **Enrique Brenes** 3-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #