


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 192309
 1. Entity Name
COMMODITY CONTROL CORPORATION



Principal Place of Business Mailing Address
2055 N W 7TH AVE **2055 N W 7TH AVE**
MIAMI, FL 33127-4605 **MIAMI, FL 33127-4605**

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0898774 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PILGER, WILLIAM
2055 N W 7TH AVENUE
MIAMI FL, FL

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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 _____
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, 2004 Fee will be \$550.00

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

100000071026
 02/28/04 00054 018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PILGER, WILLIAM
STREET ADDRESS	9211 CRESENT DR.
CITY - ST - ZIP	MIRAMAR, FL
TITLE	STD
NAME	PILGER, DAVID
STREET ADDRESS	3302 OTTAWA LANE
CITY - ST - ZIP	COOPER CITY, FL
TITLE	D
NAME	PILGER, ELENA
STREET ADDRESS	3302 OTTAWA LANE
CITY - ST - ZIP	COOPER CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **26 Feb 2004 305-324-0410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #