


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 192309	
1. Entity Name COMMODITY CONTROL CORPORATION	

Principal Place of Business 2055 N W 7TH AVE MIAMI, FL 33127-4605	Mailing Address 2055 N W 7TH AVE MIAMI, FL 33127-4605
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0898774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILGER, WILLIAM 9211 CRESENT DR. MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PILGER, DAVID 3302 OTTAWA LANE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILGER, ELENA 3302 OTTAWA LANE COOPER CITY, FL
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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:  **DAVID J PILGER** *Secy 12 Nov 2007* **324-0410**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #