


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90073 029 ***150.00

DOCUMENT # P01000081529

1. Entity Name
EPG CONTROLS, INC.



Principal Place of Business
3140 WEST 84 STREET
BLDG D UNIT 8
HIALEAH FL 33018

Mailing Address
708 NW 177 AVE
PEMBROKE PINES FL 33029



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-1137016**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

GUARDIA, CYNTHIA A
708 NW-177-AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 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	P	<input type="checkbox"/> Delete
NAME	GUARDIA, PAULO	
STREET ADDRESS	708 NW 177TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GUARDIA, CYTHIA	
STREET ADDRESS	708 NW 177TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4 Aug 03** Daytime Phone # _____

CR2E034 (10/02)

Attachment#

80138072

PO1000081529

July 31, 2003

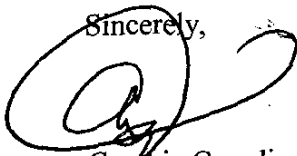
Florida Department of State
Division of Corporations
Att: Mr. Tyrone Scott
409 E Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott;

My name is Cynthia Guardia and I am the Secretary/Treasurer of EPG Controls, Inc. I did not receive any notices from the Dept of State until I received this notice that I owe \$550. I would respectfully request that the late filing fees be waived. I have enclosed a check for \$150 for the current filing fees.

If I can provide any further information, please contact my accountant, Paul Franson at 954-472-9144.

Sincerely,



Cynthia Guardia
