

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000044482

**Entity Name:** CONTROLLED ACCESS CORP.

**Current Principal Place of Business:**

6684 SW 194 AVE  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

6684 SW 194 AVE  
PEMBROKE PINES, FL 33332 US

**FEI Number: 46-5727818**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALBRECHT, KYLE  
6684 SW 194 AVE  
PEMBROKE PINES, FL 33332 US

*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

**Officer/Director Detail :**

Title P  
Name ALBRECHT, KYLE  
Address 6684 SW 194 AVE  
City-State-Zip: PEMBROKE PINES FL 33332

*I hereby 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 all other like empowered.*

**SIGNATURE: KYLE ALBRECHT**

**PRESIDENT**

**04/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date