

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641170

FILED
Apr 20, 2004
Secretary of State

Entity Name: CAPITAL CONTROL ASSOCIATES, CORP.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD
112
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON BLVD
112
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0026064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, RUPERTO D.
1300 SW 122ND AVE
APT. 107
MIAMI, FL 33184

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, RUPERTO D,
Address: 1300 SW 122ND AVE #107
City-St-Zip: MIAMI, FL 33184

Title: S () Delete
Name: HERNANDEZ, ALBA
Address: 1300 SW 122ND AVE #107
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RUPERTO D HERNANDEZ

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date