



FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003778 1. Entity Name CONTROL LOGISTICS, INC.			Secretary of State
Principal Place of Business 2633 LANTANA RD HANGER 1101 LANTANA, FL 33462		Mailing Address 2633 LANTANA RD #6 LANTANA, FL 33462	
DO NOT WRITE IN THIS SPACE		 01112006 No Chg-P CR2E034 (11/05) 4. FEI Number 52-1483795 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <div style="text-align: right;">Applied For Not Applicable</div>	
6. Name and Address of Current Registered Agent CAVANAGH, CARLOS R 907 SE 7TH AVE DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	NAME	CAVANAGH, CARLOS R
STREET ADDRESS		STREET ADDRESS	907 SE 7TH AVE
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V	NAME	CAVANAGH, VICTORIA
STREET ADDRESS		STREET ADDRESS	907 S.E. 7TH AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DO NOT WRITE IN THIS SPACE	