

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91044 028 ***150.00

DOCUMENT # J76106	
1. Entity Name CUSTOM CONTROLS TECHNOLOGY, INC.	

Principal Place of Business 6770 NW 37TH AVE MIAMI FL 33147 US	Mailing Address 6770 NW 37TH AVE MIAMI FL 33147 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0003633	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLO, GERARDO 6345 WEST 10 AVE HIALEAH FL 33012
--

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
------------------	---	-------------

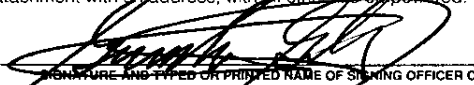
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PT ☐ Delete
NAME	GALLO, GERARDO
STREET ADDRESS	6345 WEST 10 AVE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	V PRESIDENT ☐ Delete
NAME	LYNNETTE GALLO
STREET ADDRESS	6345 WEST 10 AVE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	V PRESIDENT ☐ Delete
NAME	ANJOLI GALLO
STREET ADDRESS	800 WEST 74 STREET
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	SEC/TR ☐ Delete
NAME	SHEILA GALLO
STREET ADDRESS	6345 WEST 10 AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:		4/23/04	(305) 693-4495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #