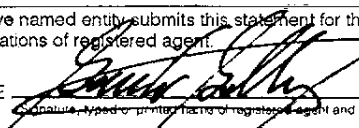


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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	4. FEI Number 65-0003633	
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				DATE 4/21/05 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	GALLO, GERARDO		NAME	U000000328253	
STREET ADDRESS	6345 WEST 10 AVE		STREET ADDRESS	04/25/05-80071-004 150.00	
CITY- ST- ZIP	HIALEAH FL 33012		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	GALLO, LYNNETTE		NAME		
STREET ADDRESS	6345 WEST 10 AVE		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33012		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	GALLO, ANJOLI		NAME		
STREET ADDRESS	800 WEST 74 STREET		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33014		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	GALLO, SHEILA		NAME		
STREET ADDRESS	6345 WEST 10 AVE		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33012		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05
Date

Daytime Phone #