


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90310 030 \*\*\*150.00

<b>DOCUMENT # P03000001562</b>	
1. Entity Name <b>TECHNICAL DRIVE CONTROL SERVICES, INC.</b>	

Principal Place of Business <b>7154 N UNIVERSITY DR 506 TAMARAC, FL 33321 US</b>	Mailing Address <b>265 S FEDERAL HWY 291 DEERFIELD BEACH, FL 33441 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40071440



04212006 Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0439323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PUIG, JOSE R 2222 PONCE DE LEON BLVD STE 500 CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name <b>ORLANDO PEREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2510 SW 29 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>
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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 <b>ORLANDO PEREZ</b> DATE <b>04/21/2006</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD AUGUSTO, ANTONIO 2870 NE 14 STREET APT 406 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PUIG, JOSE R 2222 PONCE DE LEON BLVD STE 500 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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: <b>ANTONIO J. AUGUSTO</b>	DATE: <b>04/21/06</b>	TELEPHONE: <b>305-908-1000</b>	