

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000001562

**FILED**  
**Oct 22, 2007**  
**Secretary of State**

**Entity Name:** TECHNICAL DRIVE CONTROL SERVICES, INC.

**Current Principal Place of Business:**

7154 N UNIVERSITY DR  
506  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

5081 SOUTH STATE ROAD # 7  
UNIT # 819  
DAVIE, FL 33314 US

**Current Mailing Address:**

265 S FEDERAL HWY  
291  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

5081 SOUTH STATE ROAD # 7  
UNIT # 819  
DAVIE, FL 33314 US

**FEI Number:** 51-0439323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORLANDO PEREZ  
2510 SW 29TH AVE  
MIAMI, FL 33133 US

**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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: AUGUSTO, ANTONIO  
Address: 2870 NE 14 STREET APT 406  
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete  
Name: PUIG, JOSE R  
Address: 2222 PONCE DE LEON BLVD STE 500  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S/D (X) Change ( ) Addition  
Name: PUIG, JOSE R  
Address: 2222 PONCE DE LEON BLVD STE 500  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Change (X) Addition  
Name: MARTENS, VIVIAN B  
Address: 13551 N.W. 6TH STREET APT. # 204  
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** ANTONIO J. AUGUSTO

PTD

10/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date