# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2008**
**Secretary of State**

DOCUMENT# P03000001562

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: P/D (X) Change ( ) Addition
Name: MARTENS, VIVIAN
Address: 13551 NW 6 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Change ( ) Addition
Name: AUGUSTO, ANTONIO
Address: 2870 NE 14 ST, APARTMENT 402
City-St-Zip: POMPANO BEACH, FL 33062

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

Title: T/D ( ) Change (X) Addition
Name: BORJA, ISIDRO C
Address: 9525 SW 82 AVE
City-St-Zip: MIAMI, FL 33156

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: VIVIAN MARTENS P/D 01/03/2008

Electronic Signature of Signing Officer or Director Date