


2008 FOR PROFIT CORPORATION ANNUAL REPORT

77. **FILED**
Aug 25, 2008 8:00 am
Secretary of State

07-28-2008 90030 014 ***150.00

DOCUMENT # P07000055688			
1. Entity Name DL CONTROL & ENGINEERING, INC.			
Principal Place of Business 9805 NW 52ND ST - STE 402 DORAL, FL 33178		Mailing Address 9805 NW 52ND ST - STE 402 DORAL, FL 33178	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8500 WEST FLAGLER ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE B-208	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33144		MIAMI DADE	
4. FEI Number 26-0163564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINOS, LUIS 9805 NW 52ND ST - STE 402 DORAL, FL 33178		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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PINOS, LUIS 9805 NW 52ND ST - STE 402 DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date July-24-08 Daytime Phone #	

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