

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059476

FILED  
May 30, 2008  
Secretary of State

Entity Name: CONTROL SYSTEMS ENTERPRISES, INC.

## Current Principal Place of Business:

4613 NORTH UNIVERSITY DRIVE NO. 558  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

6586 HYPOLUXO ROAD  
SUITE 106  
LAKE WORTH, FL 33467

## Current Mailing Address:

4613 NORTH UNIVERSITY DRIVE NO. 558  
CORAL SPRINGS, FL 33067

## New Mailing Address:

6586 HYPOLUXO ROAD  
SUITE 106  
LAKE WORTH, FL 33467

FEI Number: 26-0196146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUHAMELL, JENNIFER  
4613 NORTH UNIVERSITY DRIVE NO. 558  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

SOKOLOVSKY, ILIYA  
6586 HYPOLUXO ROAD  
SUITE 106  
LAKE WORTH, FL 33467 US

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: ILIYA SOKOLOVSKY

05/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: DUHAMELL, JENNIFER  
Address: 4613 NORTH UNIVERSITY DRIVE NO. 558  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T ( ) Delete  
Name: DUHAMELL, JENNIFER  
Address: 4613 NORTH UNIVERSITY DRIVE NO. 558  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SOKOLOVSKY, ILIYA  
Address: 6586 HYPOLUXO ROAD SUITE 106  
City-St-Zip: LAKE WORTH, FL 33067

Title: DVP (X) Change ( ) Addition  
Name: FERRARI, JAMES M  
Address: 6586 HYPOLUXO ROAD SUITE 106  
City-St-Zip: LAKE WORTH, FL 33467

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: ILIYA SOKOLOVSKY

OWNE

05/30/2008

Electronic Signature of Signing Officer or Director

Date