
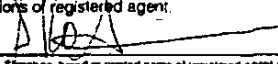
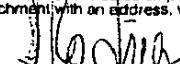


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-29-2007 90016 029 ***150.00

DOCUMENT # P95000061257 1. Entity Name CONTROL COMMUNICATIONS INC.																																									
Principal Place of Business 4720 OAKES ROAD SUITE E DAVIE, FL 33314 US			Mailing Address PO BOX 291740 DAVIE, FL 33329-1740 US																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03212007 Chg-P CR2E034 (12/08) 4. FEI Number 65-0602414 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 RODRIGUEZ, SIGILFREDO JR 4720 OAKES ROAD SUITE E COOPER CITY, FL 33328																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City DAVIE FL Zip Code 33314				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  DATE 4/5/07 <small>(NOTE: Registered Agent signature required when renaming)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, SIGILFREDO JR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4720 OAKES ROAD, SUITE E</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DAVIE, FL 33314</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	RODRIGUEZ, SIGILFREDO JR	<input type="checkbox"/>	STREET ADDRESS	4720 OAKES ROAD, SUITE E		CITY- ST- ZIP	DAVIE, FL 33314																									
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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:  DATE 4/5/07 954-791-8040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									