

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000061257

**FILED**  
**Jun 17, 2009**  
**Secretary of State**

**Entity Name:** CONTROL COMMUNICATIONS INC.

**Current Principal Place of Business:**

4720 OAKES ROAD  
SUITE E  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291740  
DAVIE, FL 333291740 US

**New Mailing Address:**

**FEI Number:** 65-0602414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, SIGILFREDO JR  
4720 OAKES ROAD  
SUITE E  
DAVIE, FL 33314 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: DP ( ) Delete  
Name: RODRIGUEZ, SIGILFREDO JR  
Address: 4720 OAKES ROAD, SUITE E  
City-St-Zip: DAVIE, FL 33314

Title: VP ( ) Delete  
Name: RODRIGUEZ, SIGILFREDO SR.  
Address: 4720 OAKES ROAD, SUITE E  
City-St-Zip: DAVIE, FL 33314

Title: S ( ) Delete  
Name: RODRIGUEZ, JULIE M  
Address: 4720 OAKES ROAD, SUITE E  
City-St-Zip: DAVIE, FL 33314

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

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

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

Title: VP (X) Change ( ) Addition  
Name: RODRIGUEZ, SIGILFREDO JR.  
Address: 4720 OAKES ROAD, SUITE E  
City-St-Zip: DAVIE, FL 33314

Title: S (X) Change ( ) Addition  
Name: RODRIGUEZ, SIGILFREDO JR  
Address: 4720 OAKES ROAD, SUITE E  
City-St-Zip: DAVIE, FL 33314

Title: T ( ) Change (X) Addition  
Name: RODRIGUEZ, SIGILFREDO JR  
Address: 4720 OAKES ROAD, SUITE E  
City-St-Zip: DAVIE, FL 33314

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:** SIGILFREDO RODRIGUEZ

DP

06/17/2009

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

\_\_\_\_\_  
Date