

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004692

**Entity Name:** ADVANCED CONTROL SYSTEMS, INC.

**Current Principal Place of Business:**

2755 NORTHWOODS PARKWAY  
PEACHTREE CORNERS, GA 30071

**Current Mailing Address:**

2755 NORTHWOODS PARKWAY  
PEACHTREE CORNERS, GA 30071 US

**FEI Number:** 46-4574462

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCNULTY , ADRIAN  
Address        2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title            SECRETARY  
Name            CRIVORNCICA JR. , VITOR  
Address        2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title            TREASURER & DIRECTOR  
Name            PRESAS-PRESAS , MARIA  
Address        2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title            DIRECTOR  
Name            ABRIL MAZUELAS, LUIS  
Address        2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title            DIRECTOR  
Name            BENÍTEZ, LEONARDO  
Address        2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title            DIRECTOR  
Name            CERVANTES VILLARUBIA, RAUL  
Address        2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

*I hereby 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 all other like empowered.*

**SIGNATURE:** VITOR CRIVORNCICA JR.

**SECRETARY**

**03/10/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date