

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 625238

Entity Name: MICRO BIOMETRIC, INC.

**FILED**  
**Mar 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD., STE. 470  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD., STE. 470  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 59-1909227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELVYN PACHECO- MARCUCCI  
4000 PONCE DE LEON BLVD., STE. 470  
CORAL GABLES, FL 33146 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: VP ( ) Delete  
Name: NIVIA GARCIA- HERNAN, DEZ  
Address: 4000 PONCE DE LEON BLVD., STE. 470  
City-St-Zip: CORAL GABLES, FL 33146

Title: P ( ) Delete  
Name: MELVYN PACHECO MARCU, CCI  
Address: 4000 PONCE DE LEON BLVD., STE. 470  
City-St-Zip: CORAL GABLES, FL 33146

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

Title: P (X) Change ( ) Addition  
Name: ELVIN SANTIAGO,  
Address: 4000 PONCE DE LEON BLVD., STE. 470  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP (X) Change ( ) Addition  
Name: MELVYN PACHECO MARCU, CCI  
Address: 4000 PONCE DE LEON BLVD., STE. 470  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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: MELVYN PACHECO MARCUCCI

VP

03/19/2007

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

\_\_\_\_\_  
Date