2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 745145

Entity Name: SOCIEDAD LATINOAMERICANA DE CRIMINALISTICA, INC.

Current Principal Place of Business:

9365 S.W. 21 STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9365 S.W. 21 STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCANO, MARIO
9365 SW 21 STREET
MIAMI, FL 33165 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:	PD	( ) Delete
Name:	ALMEIDA, IVAN,	
Address:	14433 SW 95 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	V	( ) Delete
Name:	ALFONSO, JUSTO,	
Address:	275 NW 2 ST.	
City-St-Zip:	MIAMI, FL	
Title:	T	( ) Delete
Name:	SANCHEZ, CONSUELO	
Address:	13715 SW. 14TH ST	
City-St-Zip:	MIAMI, FL 33184	
Title:	V	( ) Delete
Name:	GONZALEZ, BRAULIO (2, ND V	
Address:	767 NE 164 TERR	
City-St-Zip:	N. MIAMI BEACH, FL	
Title:	SD	( ) Delete
Name:	ARCANO, MARIO,	
Address:	9365 SW 21ST STREET	
City-St-Zip:	MIAMI, FL 33165	
Title:	VP	( ) Delete
Name:	MARTIN, GUILLERMO J.	
Address:	4605 S W 133 COURT	
City-St-Zip:	MIAMI, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO ARCANO SD 04/29/2005

Electronic Signature of Signing Officer or Director — Date