

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90015 011 ***143.75

DOCUMENT # L07000119725



1. Entity Name
BIOMETRIC TECHNOLOGY GROUP, LLC

Principal Place of Business
**168 SOUTHEAST 1ST STREET, SUITE 606
MIAMI, FL 33131**

Mailing Address
**168 SOUTHEAST 1ST STREET, SUITE 606
MIAMI, FL 33131**

60037990



2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

01212008

Chg-LLC

CR2E083 (12/06)

City & State

SAME

City & State

SAME

4. Filing Number

22-3972725

Applied For

Not Applicable

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Guillermo J. Bassignani

3-25-2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BASSIGNANI, GUILLERMO JOSE
168 SOUTHEAST 1ST STREET, SUITE 606
MIAMI, FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
CIRIACI, REBECA PAOLA
168 SOUTHEAST 1ST STREET, SUITE 606
MIAMI, FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
SALVA CALCANGO, EDUARDO LUIS
168 SOUTHEAST 1ST STREET, SUITE 606
MIAMI, FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-25-08

(305) 381-6810

Date

Daytime Phone #