

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2004
Secretary of State**

DOCUMENT# N93000002574

Entity Name: FLORIDA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION INC.

Current Principal Place of Business:

13280 SW 99 STREET
MIAMI, FL 331862271 US

New Principal Place of Business:

Current Mailing Address:

13280 SW 99 STREET
MIAMI, FL 331862271 US

New Mailing Address:

FEI Number: 65-0434452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PATRICIA A
13280 SW 99 STREET
MIAMI, FL 33186

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: C () Delete
Name: RUSLANDER, HAROLD
Address: 3288 GUN CLUB RD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: SHERWOOD, MICHELLE
Address: 4801 145 AVE NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: ST () Delete
Name: MURPHY, PATRICIA A
Address: 13280 SW 99 STREET
City-St-Zip: MIAMI, FL 331862271

Title: D () Delete
Name: BERGER, WALTER
Address: 3614 OCEAN BLVD. S.
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VP () Delete
Name: BERKLAND, MICHAEL
Address: 206 STAFF DR.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: COLLIER, MICHAEL
Address: 9105 NW 25 ST.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HAEMMERLE, CARL
Address: 201 SE 6 STREET, NORTH WING 1799
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: COLBERT, KOREN
Address: 3421 N HWY 77
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D (X) Change () Addition
Name: FERNANDEZ, LAZARO
Address: 400 NW 2 AVENUE, RM 518
City-St-Zip: MIAMI, FL 33128

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

Title: D (X) Change () Addition
Name: BRANNEN, GARY
Address: PO BOX 188
City-St-Zip: BUSHNELL, FL 33513

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: PATRICIA ANN MURPHY

Electronic Signature of Signing Officer or Director

ST

04/12/2004

Date