2006 FOR PROFIT CORPORATION

FILED Jan 27, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000085994 01-27-2006 90027 040 ***155.00 FORENSIC SCIENCES RESEARCH CENTER, CORP. Principal Place of Business Mailing Address 10201 SW 88TH STREET 10201 SW 88TH STREET MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 10190 5W 88 th. Street 3. Mailing Address 10190 5 W 88th Street Suite, Apt. #, etc. 01102006 CR2E034 (11/05) 510 City & State MIA-MI City & State 4. FEI Number Applied For MIAMI FL. 65-1139932 Not Applicable Zip 33176 Country \$8.75 Additional 33176 5. Certificate of Status Desired П Fee Required ti. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name MARCELINO F. CALVO DE LA LANZA, GLORIA M Street Address (P.O. Box Number is Not Acceptable) 10201 SW 88TH STREET MIAMI, FL 33176 10190 SW 88 + th. Street Zip Code 33176 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. MARCE UND F. CALVO 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 × Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE CALVO, DEBORAH C NAME 10201 SW 88TH STREET STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition CALVO, MARCELINO F NAME 10201 SW 88TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 ☐ Deiete Tille ☐ Channe Addition MAYATO, JUAN J NAME **10201 SW 88TH STREET** STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP **⊠** Delete TITI F ☐ Change ■ Addition CALVO MARCELINOF. DE LA LANZA, GLORIA M NAME 10201 SW 88TH STREET STREET ADORESS City-St-7tP MIAMI, FL 33176 MIAMI FL. 33176 ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS CHY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an anadress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-70

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-71P

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELÍNO F. CALVO 01-18-06 3052757109

F SIGNING OFFICER OR DIRECTOR

Date

D