


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 031 ***550.00

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DOCUMENT # P03000021441					
1. Entity Name IAFIS NORTH AMERICA CORPORATION					
Principal Place of Business 18851 NE 29TH AVE. STE. 900 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE. STE. 900 AVENTURA, FL 33180		
2. Principal Place of Business 10540 NW 26th ST			3. Mailing Address 10540 NW 26th ST		
Suite, Apt. #, etc. STE G-201			Suite, Apt. #, etc. STE G-201		
City & State DORAL			City & State DORAL		
Zip 33172		Country USA		Zip 33172	
		Country USA		4. FEI Number 27-0047831	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROTH, LEONARDO A 18851 NE 29TH AVE. STE. 900 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name <u>Corporation Company of Miami</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 S. Biscayne Blvd.</u> Suite 1500 (WNJ) City <u>Miami</u> <u>FL</u> Zip Code <u>33131</u>		
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 <u>[Signature]</u> <u>12 Aug 05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LENQUETTE, LAURENT <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHINDLER, RICHARD <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LENQUETTE, Laurent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10540 NW 26th ST, STE G-201 DORAL, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHINDLER, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10540 NW 26th ST, STE G-201 DORAL, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 address, with all other like empowered.					
SIGNATURE: <u>LENQUETTE LAURENT</u> <u>08/12/05</u> <u>3057160167</u> Signature and typed or printed name of signing officer or director Date Daytime Phone #					