

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069687

Entity Name: L.A. FINGERPRINTS INC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1951 NW 154TH ST  
SUITE 1A  
MIAMI GARDENS, FL 33054

## **New Principal Place of Business:**

8910 MIRAMAR PARKWAY  
SUITE 202  
MIRAMAR, FL 33025

## **Current Mailing Address:**

1951 NW 154TH ST  
SUITE 1A  
MIAMI GARDENS, FL 33054

## **New Mailing Address:**

8910 MIRAMAR PARKWAY  
SUITE 202  
MIRAMAR, FL 33025

FEI Number: 27-3333106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PHILLIPS, LAKESHA  
4060 NW 157TH ST  
OPA-LOCKA, FL 33054 US

## **Name and Address of New Registered Agent:**

HARRISON-WEEKS, APRIL J  
1951 NW 154 STREET  
OPA-LOCKA, FL 33054 US

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: APRIL HARRISON-WEEKS

04/23/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HARRISON-WEEKS, APRIL J  
Address: 1951 NW 154TH ST  
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: COO  
Name: HARRISON-WEEKS, APRIL J  
Address: 1951 NW 154 STREET  
City-St-Zip: OPA-LOCKA, FL 33054 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: APRIL HARRISON-WEEKS

CEO

04/23/2011

Electronic Signature of Signing Officer or Director

Date