

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075122

**Entity Name:** ACCURATE FINGERPRINT, INC.

**Current Principal Place of Business:**

8127 STATE ROAD 54  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

8127 STATE ROAD 54  
NEW PORT RICHEY, FL 34655 US

**FEI Number: 27-3516508**

**Certificate of Status Desired: No**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ZAMORSKI, LYN  
Address 8127 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

Title VT  
Name SALAFIA, F. EILEEN  
Address 8127 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

*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: LYN C. ZAMORSKI**

**PSTD**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date