

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004706

**Entity Name:** ALUF BIOMETRICS, INC.

**Current Principal Place of Business:**

4801 S UNIVERSITY DR  
STE 227  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S UNIVERSITY DR  
SUITE 227  
DAVIE, FL 33328 US

**FEI Number:** 61-1791045

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7, SUITE 106  
DAVIE, FL 33314 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 D  
Name BENNETT, DONALD C  
Address P.O. BOX 22677  
City-State-Zip: HOLLYWOOD FL 33022

Title DPS  
Name MCWILLIAMS, TERESA  
Address P.O. BOX 22677  
City-State-Zip: HOLLYWOOD FL 33022

*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:** TERESA MCWILLIAMS

**SECRETARY**

**01/13/2021**

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

\_\_\_\_\_  
Date