## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054332 The GUARDIAN Shield, CORP.



## Apr 30, 2003 8:00 am Secretary of State

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No. 20			I									
2. Principal Place of Business 15029SW 3. Mailing Address 15029SW 96Th Terrace					م ہ							
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City & State MiAMI' FL			City & State Miouni F C  Zip 33196 Country MIAMI-DADE				4. FEI Number Applied For 71 - 0885838 Not Applied ble					
Zip a -		Country	Zip 33/96	Cour	ntrv			-		\$9.75	Not Applicable Additional	
33	3/96	Country IMI-DADE	33196	MI	AMI.	DABA		ertificate of Status Desired	L F	Fee Red		
2012年18日,1912年11日,1914年1917年1917年1917年1918年1918年1918年1918年1918							7. Name and Address of Current Registered Agent					
	_	O NOT WI	SITE		Name Sergio F. LOVAY  Street Address (P.O. Box Number is Not Acceptable)  15029 SW 96 D Terrace							
	ACCUSED THE RESIDENCE OF	O NOT W		· <b>· · · · · · ·</b>								
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	named entitions of regis		the purpose of changing its	register	ed office or	registere	ed ager	nt, or both, in the State of Flo	rida. I am fai	miliar w	ith, and accept	
J	Ü	/	///	_		,		0 -				
SIGNATURE	Signatura hungd	or printed name of redistered agent an	d title if applicable. (NOT)	10/V	io F.	LOV	אמ	President	4.	<u>- Z</u>	7 <i>-03</i>	
Ja		ay 1 Fee is \$160.00	come in applicable. (NOT)	E: Registere	a Agent signati	Tre required	wnen reins	stating)	DAIE			
	After May	1, Fee is \$550.00	•					9. Election Campaign Fina			<b>5.00</b> May Be	
Make Check	Payable to	l UBR is \$61.25 Florida Department of S	State					Trust Fund Contribution	i. U	A	dded to Fees	
10.		OFFICERS AND D	DIRECTORS		46 12 40 60					<b>建</b>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is flue 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

erfio F. Loury President 4-27-03