FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90134 018 ***150.00

DOCUMENT # P02000054332 ✓

1. Entity Name
The Guardian Shield, Corp.

11029683

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2. Principal Place of Business	3. Mailing Address
~~Miami, FL~~ 15029 SW 96 Terr	15029 SW 96th Terrace
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. NA
City & State Miami FL	City & State Miami FL
Zip 33196 Country MIMI-DADE	Zip 33196 Country MIAMI-DADE

4. FEI Number 71-0885838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Sergio F. Lovay

Street Address (P.O. Box Number is Not Acceptable) 15029 SW 96th Terrace

City Miami **FL** Zip Code 33196

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 _____ Sergio F. Lovay President 4-27-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $160.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sergio F. Lovay 15029 SW 96th Terrace Miami FL 33196
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CR2E034B (12/02)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Sergio F. Lovay President 4-27-03 305 975-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #