

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90070 049 \*\*\*150.00



**DOCUMENT # P03000081745**  
 1. Entity Name  
**LOYOLA WEALTH MANAGEMENT CORP.**

Principal Place of Business      Mailing Address  
**156 ISLA DORADA BLVD**      **2 S BISCAYNE BLVD STE 3400**  
**CORAL GABLES, FL 33143**      **MIAMI, FL 33131**

**24007652**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02022004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**20-0166721**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**VALDES-FAULI CORPORATE SERVICES, INC.**  
**2 S BISCAYNE BLVD STE 3400**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**  
 Name **CARLOS M. CASTELLON, CPA, CVA**  
 Street Address (P.O. Box Number is Not Acceptable) **999 PONCE DE**  
**LEON BLVD, SUITE 715**  
 City **CORAL GABLES**      **FL**      Zip Code **33134**

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 *Carlos M. Castellon*      **2/2/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing       \$5.00 May Be Added to Fees  
 Trust For Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME       Delete  
**D CASTILLO, CLAUDIA**  
 STREET ADDRESS **156 ISLA DORADA BLVD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
**D CASTILLO, CLAUDIA**  
 STREET ADDRESS **156 ISLA DORADA BLVD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
**D CONTRERAS-PEREZ, MARGARITA**  
 STREET ADDRESS **156 ISLA DORADA BLVD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
**D CONTRERAS CALVA, JOSE LUIS**  
 STREET ADDRESS **156 ISLA DORADA BLVD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claudia Castilla*      **2-2-04**      **3056679226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #