


(AMENDED)
2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

28 DEC 06 PM 12:38

DOCUMENT # P03000081745			
1. Entity Name LOYOLA WEALTH MANAGEMENT CORP.			
Principal Place of Business 156 ISLA DORADA BLVD CORAL GABLES, FL 33143		Mailing Address 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address <i>156 Isla Dorada Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Coral Gables, FL</i>		City & State <i>Coral Gables, FL</i>	
Zip <i>33143</i>		Zip <i>33131</i>	
Country		Country	
4. FEI Number 20-0166721		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CASTELLON, CARLOS M CPA LEON BLVD, SUITE 715 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name: <i>CARLOS CASTELLON, CPA</i> Street Address (P.O. Box Number is Not Acceptable): <i>999 Ponce De Leon Blvd #715</i> City: <i>Coral Gables</i> FL Zip Code: <i>33134</i>	
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: <i>Carlos M Castellon</i> <small>Signature, typed or printed name of registered agent and etc if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, CLAUDIA 156 ISLA DORADA BLVD CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rodriguez, Miguel</i> <i>9915 W. Okelochtee Road #540P</i> <i>HALLEAH GARDENS, FL 33016</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS-PEREZ, MARGARITA 156 ISLA DORADA BLVD CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS CALVA, JOSE LUIS 156 ISLA DORADA BLVD CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Claudia Castillo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		Date: <i>Feb 05, 05</i> Daytime Phone #: <i>305 793 8157</i>	

Signature: Claudia Castillo DATE: Dec 23, 05

Signature: [Signature] K. Eckel DEC 28 2005