

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000118188

Entity Name: WEALTH GUARD INCORPORATED

**FILED**  
**Jul 23, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

14748 SW 56 STREET  
205  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

14748 SW 56 STREET  
205  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number: 71-0911507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, TERRY  
14748 SW 56 STREET  
205  
MIAMI, FL 33185 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JIMENEZ, LIBIA  
Address: 14748 SW 56 STREET #205  
City-St-Zip: MIAMI, FL 33185

Title: S ( ) Delete  
Name: GARZON, CARLOS  
Address: 14748 SW 56 STREET #205  
City-St-Zip: MIAMI, FL 33185

Title: T ( ) Delete  
Name: CHACON, MARTHA  
Address: 14748 SW 56 ST #205  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: OROZCO, ALVARO  
Address: 14748 SW 56 STREET #205  
City-St-Zip: MIAMI, FL 33185

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LIBIA JIMENEZ

D

07/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date