

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000081745

**FILED**  
**Sep 26, 2006**  
**Secretary of State****Entity Name:** LOYOLA WEALTH MANAGEMENT CORP.**Current Principal Place of Business:**701 BRICKELL AVE.  
SUITE 2450  
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**701 BRICKELL AVE.  
SUITE 2450  
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 20-0166721**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CASTELLON, CARLOS M CPA  
LEON BLVD, SUITE 715  
MIAMI, FL 33134 US**Name and Address of New Registered Agent:**ARAGON REGISTERED AGENTS, INC  
999 PONCE DE LEON BLVD. #715  
CORAL GABLES, FL 33134 US

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: ARAGON REGISTERED AGENTS

09/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: CASTILLO, CLAUDIA  
Address: 156 ISLA DORADA BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: CONTRERAS-PEREZ, MARGARITA  
Address: 156 ISLA DORADA BLVD  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: CONTRERAS CALVA, JOSE LUIS  
Address: 156 ISLA DORADA BLVD  
City-St-Zip: CORAL GABLES, FL 33413

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DVP (X) Change ( ) Addition  
Name: DOMENECH, JAIME  
Address: 701 BRICKELL AVENUE, SUITE 2450  
City-St-Zip: MIAMI, FL 33131

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

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

Title: P ( ) Change (X) Addition  
Name: RODRIGUEZ, MIGUEL A  
Address: 9915 W. OKEECHOBEE ROAD, #5408  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIGUEL A RODRIGUEZ

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09/26/2006

Electronic Signature of Signing Officer or Director

Date