


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90040 019 \*\*\*150.00

<b>DOCUMENT # P05000128386</b>													
<b>1. Entity Name</b> BIO GUARDIAN, INC.													
<b>Principal Place of Business</b> 1675 NORTH COMMERCE PARKWAY SUITE 100 WESTON, FL 33326			<b>Mailing Address</b> 1675 NORTH COMMERCE PARKWAY SUITE 100 WESTON, FL 33326										
<b>2. Principal Place of Business - No P.O. Box #</b> 3350 SW 148 AVE		<b>3. Mailing Address</b> 3350 SW 148 AVE											
<b>Suite, Apt. #, etc.</b> 110		<b>Suite, Apt. #, etc.</b> 110											
<b>City &amp; State</b> Miramar, FL		<b>City &amp; State</b> MIRAMAR, FL											
<b>Zip</b> 33027		<b>Country</b> USA		<b>Zip</b> 33027									
<b>Country</b> USA		<b>Country</b> USA											
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <b>Name</b>          DELFIN A. DE FERIA       </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b>          1401 NW 98th AVENUE       </td> </tr> <tr> <td style="padding: 2px;"> <b>City</b>          Pembroke Pines       </td> <td style="padding: 2px;"> <b>FL</b> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Zip Code</b>          33027       </td> </tr> </table>			<b>Name</b> DELFIN A. DE FERIA		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1401 NW 98th AVENUE		<b>City</b> Pembroke Pines	<b>FL</b>	<b>Zip Code</b> 33027	
<b>Name</b> DELFIN A. DE FERIA													
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1401 NW 98th AVENUE													
<b>City</b> Pembroke Pines	<b>FL</b>												
<b>Zip Code</b> 33027													
<b>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.</b>													
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>										
<b>TITLE</b> DPST	<b>NAME</b> MCDONNELL IV, JAMES E		<b>TITLE</b> D P	<b>NAME</b> Esquivel II, RAFAEL E									
<b>STREET ADDRESS</b> 1675 NORTH COMMERCE PARKWAY SUITE 100	<b>STREET ADDRESS</b> WESTON, FL 33326		<b>STREET ADDRESS</b> 3350 SW 148 AVENUE	<b>STREET ADDRESS</b> Miramar, FL 33027									
<b>CITY-ST-ZIP</b> WESTON, FL 33326	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<b>CITY-ST-ZIP</b> Miramar, FL 33027	<b>CITY-ST-ZIP</b> Miramar, FL 33027									
<b>TITLE</b> VP	<b>NAME</b> ESQUIVEL II, RAFAEL E		<b>TITLE</b> D V T	<b>NAME</b> DE FERIA, DELFIN A.									
<b>STREET ADDRESS</b> 1675 NORTH COMMERCE PARKWAY SUITE 100	<b>STREET ADDRESS</b> WESTON, FL 33326		<b>STREET ADDRESS</b> 3350 SW 148 AVENUE	<b>STREET ADDRESS</b> MIRAMAR, FL 33027									
<b>CITY-ST-ZIP</b> WESTON, FL 33326	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027									
<b>TITLE</b> D V S	<b>NAME</b> Esquivel, EDWARD		<b>TITLE</b> D V S	<b>NAME</b> Esquivel, EDWARD									
<b>STREET ADDRESS</b> 3350 SW 148 AVENUE	<b>STREET ADDRESS</b> MIRAMAR, FL 33027		<b>STREET ADDRESS</b> 3350 SW 148 AVENUE	<b>STREET ADDRESS</b> MIRAMAR, FL 33027									
<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027		<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027									
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/23/07 957-433-8740 <small>Date Daytime Phone #</small>										