2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128386

Entity Name: BIO GUARDIAN, INC

FILED Apr 29, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	48TH AVE.				
110 MIRAMAR,	FL 33027				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3350 SW 148TH AVE.			1901 NW P8YH AV	1901 NW P8YH AVENUE PEMBROKE PINES, FL 33024	
110 MIRAMAR, FL 33027			PEMBROKE PINES		
FEI Number:	20-3497794	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DE FERIA, DELFIN A 1401 NW 98TH AVE. PEMBROKE PINES, FL 33024 US			DE FERIA, DELFIN 1901 NW 98TH AVE PEMBROKE PINES	= 	
The above in the State	named entity s of Florida.	submits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				04/29/2009	
	Electron	ic Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () ESQUIVEL II, R 3350 SW 148TI MIRAMAR, FL	H AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () DE FERIA, DEL 3350 SW 145TI MIRAMAR, FL	HAVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () ESQUIVEL, ED 3350 SW 148TI MIRAMAR, FL	H AVE.	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DELFIN DE FERIA DVT 04/29/2009