

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # G92736	
1. Entity Name THE WAVES OF HIALEAH, INC.	

Principal Place of Business 935 W. OKEECHOBEE ROAD HIALEAH FL 33010 US	Mailing Address 1005 S.W. 87TH AVE. MIAMI FL 33174 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-2407053	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VALDES, ALFREDO 935 W. OKEECHOBEE ROAD HIALEAH FL 33010	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing agent.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

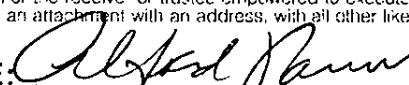
9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	VALDES, ALFREDO
STREET ADDRESS	9521 S.W. 102 STREET
CITY-STATE-ZIP	MIAMI FL
TITLE	VP ☐ Delete
NAME	VALDES, ALBERTO
STREET ADDRESS	11273 SW 29TH STREET
CITY-STATE-ZIP	MIAMI FL 33165
TITLE	S ☐ Delete
NAME	VALDES, MAYRA
STREET ADDRESS	9521 SW 102 ST
CITY-STATE-ZIP	MIAMI FL 33176
TITLE	T ☐ Delete
NAME	VALDES, ROSA
STREET ADDRESS	11273 SW 29TH ST
CITY-STATE-ZIP	MIAMI FL 33165
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000918345
05/13/08-80078-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  **ALFREDO VALDES** 4/17/2008 305-266-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR