2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# G92736

Entity Name: THE WAVES OF HIALEAH, INC.

Current Principal Place of Business:

935 W. OKECHOBEE ROAD
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

1005 S.W. 87TH AVE.
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 59-2407053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, ALFREDO
935 W. OKEECHOBEE ROAD
HIALEAH, FL 33010 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALDES, ALFREDO
Address: 9521 S.W. 102 STREET
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete
Name: VALDES, ALBERTO
Address: 11273 SW 29TH STREET
City-St-Zip: MIAMI, FL 33165

Title: S ( ) Delete
Name: VALDES, MAYRA
Address: 9521 SW 102 ST
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete
Name: VALDES, ROSA
Address: 11273 SW 29TH ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALFREDO VALDES P 04/03/2009

Electronic Signature of Signing Officer or Director Date