

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90106 033 ****55.00

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|---|--|--|--|---|--|
| DOCUMENT # L03000015747 1. Entity Name WAVEX COMMUNICATIONS, LC | | | |  | |
| Principal Place of Business 14435 COUNTRY WALK DRIVE MIAMI, FL 33186 US | | | Mailing Address 7105 SW 8 ST #309 MIAMI, FL 33144 US | | |
| 2. Principal Place of Business | | 3. Mailing Address 7105 SW 8st 314 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 314 | | | |
| City & State | | City & State Miami FL. | | | |
| Zip | Country | Zip 33144 | Country | 4. FEI Number 14-1882186 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FOORNIER, MARIA I 12667 SW 144 TERRACE MIAMI, FL 33186 | | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HMIT/HAND MADE INTERNATIONAL TRADE CORP 14435 COUNTRY WALK DRIVE MIAMI, FL 33186 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOURNIER, MARIA INES 12667 S.W. 144 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 04-15-2005 Daytime Phone # 3052263443 | | |