

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90042 010 ****50.00

DOCUMENT # L03000015747

1. Entity Name
WAVEX COMMUNICATIONS, LC



Principal Place of Business
14435 COUNTRY WALK DRIVE
MIAMI, FL 33186 US

Mailing Address
7125 SW 8 ST, #316
MIAMI, FL 33144 US

40000001



2. Principal Place of Business
7105 SW 8 STREET

3. Mailing Address
7105 SW 8 STREET

Suite, Apt. #, etc.
306

Suite, Apt. #, etc.
306

04262006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
14-1882186

Applied For
Not Applicable

Zip
33144

Country

Zip
33144

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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
ARIAS & DE LA CRUZ

Street Address (P.O. Box Number is Not Acceptable)

7105 SW 8 STREET STE 306

City
MIAMI

FL

Zip Code
33144

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/06

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HMIT/HAND MADE INTERNATIONAL TRADE CORP
14435 COUNTRY WALK DRIVE
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7105 SW 8 STREET STE 306
MIAMI, FL 33144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 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: SERGIO CASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04.20.06

Date

305.226.3443

Daytime Phone #