## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTE

## May 03, 2005 8:00 am Secretary of State DOCUMENT # P00000103293 05-03-2005 90084 004 \*\*\*150.00 1 Entity Name WAVES OF PRIDE INC. Principal Place of Business Mailing Address 7925 NW 12TH STREET 7925 NW 12TH STREET SUITE 407 SUITE 407 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 7955 NW 12TH STREET 7955 NW 12TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) SUITE 400 SUITE 400 City & State City & State 4. FEI Number Applied For DORAL, FL DORAL, FI 65-1053584 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33126 33126 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAREN D. AUSTIN AUSTIN, KAREN D Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126 SUITE 400 City Zip Code 33126 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered ager (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD PTD XI Change ☐ Addition TITLE ☐ Delete TITLE MARQURITE O VALUIKAS NAME VALUIKAS, MARQURITE O NAME 7925 NW 12TH STREET SUITE 407 7955 NW 12TH STREET SUITE 400 STREET ADDRESS STREET ADDRESS DORAL, FL 33126 CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP SVD ☐ Delete Change ☐ Addition TITLE SVD AUSTIN, KAREN D. NAME NAME KAREN D. AUSTIN **7925 NW 12TH STREET SUITE 407** STREET ADDRESS STREET ADDRESS 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP DORAL, FL 33126 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIME ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. 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 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 pustee 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.

**FILED**