
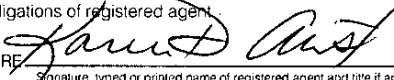
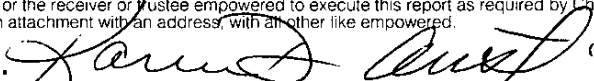


FILED
May 03, 2005 8:00 am
Secretary of State

DOCUMENT # P00000103293					
1. Entity Name WAVES OF PRIDE INC.					
Principal Place of Business 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126			Mailing Address 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126		
2. Principal Place of Business 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126			3. Mailing Address 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126		
6. Name and Address of Current Registered Agent					
AUSTIN, KAREN D 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126				Name KAREN	
				Street Address 7955 NW	
				SUITE	
				City DORAL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD VALUIKAS, MARQUITE O 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SVD AUSTIN, KAREN D. 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					