2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000038181

1. Entity Name
WAVES INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
180 WEST 50 STREET HIALEAH, FL 33012	537 MICHIGAN AVE MIAMI BEACH, FL 33139

2. Principal Place of Business
537 Michigon Ave

Suite, Apt. #, etc.

City & State
Miami Beach FL

Zip 33139   Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

01072004   Chg-P   CR2E034 (10/03)

4. FEI Number
65-1096990

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO
18545 S.W. 26 ST
MIRAMAR, FL 33029

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE: P	☐ Change	☐ Addition
NAME	SANCHOZA, ERNESTO		NAME: Ernesto Sonchez		
STREET ADDRESS	18545 S.W. 24 ST		STREET ADDRESS: 18545 SW 24 st		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP: Miramor FL 33029		
TITLE	V	☐ Delete	TITLE: V	☐ Change	☐ Addition
NAME	SONCHEZ, CONSUELO		NAME: Consuelo Sonchez		
STREET ADDRESS	18545 S.W. 24 ST.		STREET ADDRESS: 18545 SW 24 st		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP: Miramor FL 33029		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #