




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90056 012 \*\*\*150.00

<b>DOCUMENT # P01000038181</b> 1. Entity Name <b>WAVES INVESTMENTS CORPORATION</b>					
Principal Place of Business <b>537 MICHIGAN AVE MIAMI BEACH, FL 33139</b>			Mailing Address <b>537 MICHIGAN AVE MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>900 654</b> Suite, Apt. #, etc. <b># 22</b> City & State <b>Miami Beach FL</b>		3. Mailing Address <b>P.O. Box 31-0879</b> Suite, Apt. #, etc.  City & State <b>Miami FL</b>		<b>50006328</b>  	
Zip <b>33139</b>		Country  		4. FEI Number <b>65-1096990</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, ERNESTO 18545 S.W. 26 ST MIRAMAR, FL 33029</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SANCHOZA, ERNESTO</b> <b>18545 SW 24 ST</b> <b>MIRAMAR, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SONCHEZ, CONSUELO</b> <b>18545 S.W. 24 ST.</b> <b>MIRAMAR, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Sanchez Ernesto</b> <b>18545 sw 24 st</b> <b>Miramar, FL 33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Sanchez Consuelo</b> <b>18545 sw 24 st</b> <b>Miramar FL 33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>Consuelo Sanchez</b> <b>2UP</b> <b>1/20/05</b> <b>305-858-5652</b> <small>DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					