

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 041 ***150.00

DOCUMENT # P01000038181

1. Entity Name
WAVES INVESTMENTS CORPORATION



Principal Place of Business
**900 6 STREET
#22
MIAMI BEACH, FL 33139**

Mailing Address
**PO BOX 310879
MIAMI, FL 33231**

50000734



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1096990

Arrested To
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
SANCHEZ, ERNESTO
18545 SW 24 ST
MIRAMAR, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
SONCHEZ, CONSUELO
18545 S.W. 24 ST.
MIRAMAR, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Add

12. 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 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

VP

11/6/07

305-858-5652