## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVER.

**DOCUMENT # P01000085555** 

1. Entily Name

DO NOT WRITE IN THIS SPACE  5. Previous Proce of Segments 770 CLAUGHTON ISLAND DRIVE  5. OSCIPLE 1913  SUTE 1913  SOUTH SPACE  SUTE 1913  SOUTH SPACE  APARTMENT #1  APART	NEW WAVE DESIGN CORP.					02 DEC 13 AM 9: 26;				
SUTTANT STATES  SUTTANT STATES  SUPERATIONS  SUPERATIONS  APARTMENT # 1  APARTMEN	DO NOT WRITE IN THIS SPACE						SECRETARY OF STATE FALLAHASSEE, FLORIDA			
APARTMENT # 1  MIAMI, FLORIDA  COUNTY 33131  COUNTY	2. Principal Place of Business 770 CLAUGHTON ISLAND DRIVE 60 SOUTH SHORE				E DRIVE		1			
MIAM FLORIDA  MIAM BEACH, FLORIDA  S5-1135055  MIAM BEACH, FLORIDA  County UNITED STATES  County T. Name and Address of Current Registered Sees Received  To Name County Supplementary States  Name County Supplementary States  To Replace State	<del></del>					2	126/03 NOT WRITE IN	THIS SPACE	6 \$150,00	
DO NOT WRITE IN THIS SPACE    Name   United States   See Required   See Required   See Required   Street   States   Street   See Required   Street   Street   States   Street   Street	City & State MIAMI, F	LORIDA	City & State MIAMI BEACH, FLORIDA			4.4				
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typod or press amound ungessed agent and take (apphastic for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature typod or press amound ungessed agent and take (apphastic for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature typod or press amound ungessed agent and take (apphastic for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature typod to press amound ungessed agent affine to the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature typod to press amound ungessed agent, or both, in the State of Florida.  SIGNATURE  Signature typod to press amound ungessed agent, or both, in the State of Florida.  Signature typod typod typod to press amound ungessed agent, or both, in the State of Florida.  Signature typod typ	Zip 33131	Country UNITED STATES	<del> </del>				Centificate of Status Desired	\$8.75 Fee Requ	Additional ured	
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TAX Filing requirement and elects to do so.  (See criteria on back)  TOFFICERS AND DIRECTORS  TITLE  MARE  TOTO CLAUCHTON ISLAND DRIVE # 913  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREE	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.  SIGNATURE  Signature, typed or protect name of registered agent and title if applicabile. (NOTE-Registered Agent signature required when constating)  DATE									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(3)(i). Florida-Statutes, ill 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 ill made under oath, that I am an officer or director	name Street address City-St-Zip	entify that the information supplied with t	this filing does not qualify for	MAN STR CITA	AE EET,ADDRESS V-ST-ZIP	ection	119.07(3)(i) .Elorida Statutes .Lhutt	er.cedify.that th	ne:information	

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 ill made under cath, 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PILAR GUTIERREZ

12/11/2002 (305)867-2323

Daytime Phone



December 11th 2002, Miami Beach, FL

**Uniform Business Report Division of Corporations** 

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sirs,

With this mail we are sending the Reinstatement Form, the complete Uniform Business Report (UBR), a copy of our \$150,00 cashed check and our sincerely apologies.

Our corporation, New Wave Design Corp., is inactive because our UBR was not properly filled (the Fei number was not listed).

Unfortunately we only follow the operation by the accredited check and we never received the uncompleted form that you sent us to return it verified. We really don't know what happened with that forms because we also experienced another problems with other incoming mail.

Also, we are sending you the new mailing address to prevent future mail problems.

Thanks for your understanding and again our sincerely apologies. Yours sincerely,

Pilar Gutierrez

Director