FILED
Apr 25, 2003 8:00 am
Secretary of State
03-31-2003 90280 034 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103923

1. Entity Name
Southern Wave Corporation

DO NOT WRITE IN THIS SPACE

55030634

2. Principal Place of Business
1247 Alton RD.
Suite, Apt. #, etc.
City & State: Miami Beach, FL.
Zip: 33137 Country: U.S.

3. Mailing Address
1247 Alton RD.
Suite, Apt. #, etc.
City & State: Miami Beach FL.
Zip: 33137 Country: US.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1150240 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Diaz, O.J.
Street Address (P.O. Box Number is Not Acceptable): 7951 SW 40th Street
Suite # 206
City: Miami FL Zip Code: 33155

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: OJ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 3/14/03

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVST	TITLE	
NAME	Claudia Gonzalez	NAME	
STREET ADDRESS	2520 NW 79th Ave Suite 100-19208	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33172	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Claudia Gonzalez	NAME	
STREET ADDRESS	2520 NW 79th Ave Ste: 100-19208	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Claudia Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/14/03
Daytime Phone #: (305)261-6251