

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

03-31-2003 90280 034 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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|---------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000103F123                    |  |
| 1. Entity Name<br>Southern Wave Corporation |                                                                                   |

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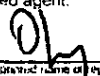
|                                                  |                                      |
|--------------------------------------------------|--------------------------------------|
| 2. Principal Place of Business<br>1247 Alton Rd. | 3. Mailing Address<br>1247 Alton Rd. |
| Suite, Apt. #, etc.                              | Suite, Apt. #, etc.                  |

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br>Miami Beach, FL | City & State<br>Miami Beach, FL |
| Zip<br>33137                    | Zip<br>33137                    |
| Country<br>U.S.                 | Country<br>U.S.                 |

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>65-1180240                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---------------------------------------------------------------------------|----------------------|
| 7. Name and Address of Current Registered Agent                           |                      |
| Name<br>Diaz, O. J.                                                       |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>1951 SW 40th Street |                      |
| Suite #<br>Suite A-206                                                    |                      |
| City<br>Miami                                                             | FL Zip Code<br>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<br>                                                                                                                               | DATE<br>3/14/03 |

|                                                                                                                                                      |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| January 1 - May 1 Fee is \$150.00.<br>After May 1, Fee is \$550.00.<br>Amended UBR is \$61.25.<br>Make Check Payable to Florida Department of State. | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

|                                                |                                                                                 |                                                |                            |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|----------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                 |                                                |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>Claudia Gonzalez<br>2520 NW 79th Ave Suite 100-19208<br>Miami, FL 33172 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Claudia Gonzalez<br>2520 NW 79th Ave Ste. 100-19208<br>Miami, FL 33172     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                            |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE<br>3/14/03                  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DAYTIME PHONE #<br>(305) 61-0251 |

CR2E034B (12/02)