2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001016

Entity Name: CAD WAVES, INC.

City-St-Zip:

MIRAMAR, FL 33027

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	151ST TERR. 2, FL 33027				
Current Mailing Address:			New Mailing Address:		
	151ST TERR. 2, FL 33027				
FEI Number	: 30-0002586	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	151ST TERR.	US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ALMEIDA, MAR 4000 SW 151S MIRAMAR, FL	T TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ALMEIDA, RUI 4000 SW 151S MIRAMAR, FL	T TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () ALMEIDA, PHIL 4000 SW 151S		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PHILIPE ALMEIDA D 04/07/2005