


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90247 041 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P02000115155 1. Entity Name NEW WAVE MEDICAL, INC. | | | |  | |
| Principal Place of Business 7865 SW 161 STREET MIAMI, FL 33157 | | | Mailing Address 7865 SW 161 STREET MIAMI, FL 33157 | | |
| 2. Principal Place of Business 16219 SW 77 COURT Suite, Apt. #, etc. | | 3. Mailing Address 16219 SW 77 COURT Suite, Apt. #, etc. | | | |
| City & State MIAMI FL | | City & State MIAMI, FL | | 4. FEI Number 43-1981048 | |
| Zip 33157 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EDE, DOUGLAS E 6333 SUNSET DR S MIAMI, FL 33143 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MURILLO, JOHN 7865 SW 161 STREET MIAMI, FL 33157 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MURILLO, JOHN 16219 SW 77 COURT MIAMI, FL 33157 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-25-04 786-877-7514 <small>Date Daytime Phone #</small> | | |