

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000125783

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** TIDAL WAVE DEVELOPMENT CORP.

**Current Principal Place of Business:**

1660 NORTHWEST 19 AVENUE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1660 NORTHWEST 19 AVENUE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 35-2188768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE WAVE INVESTMENT CORP. INC  
2625 PONCE DE LEON BOULEVARD  
SUITE 245  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CASAGRANDE, JACK R  
**Address:** 1660 NORTHWEST 19 AVENUE  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** VPD  
**Name:** MARZANO, PATRICK  
**Address:** 1660 NORTHWEST 19 AVENUE  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** SD  
**Name:** JOHNSON, WILLIAM B  
**Address:** 1660 NORTHWEST 19 AVENUE  
**City-St-Zip:** POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

**SIGNATURE:** JACK CASAGRANDE

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02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date