

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000125931

1. Entity Name
TIDAL WAVE MANAGEMENT CORP.



Principal Place of Business
**1660 NORTHWEST 19 AVENUE
POMPANO BEACH, FL 33069**

Mailing Address
**1660 NORTHWEST 19 AVENUE
POMPANO BEACH, FL 33069**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2188773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TIDAL WAVE INVESTMENT CORP., INC.
5915 PONCE DE LEON BOULEVARD
SUITE 60
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000414508

02/11/06-80040-009 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASAGRANDE, JACK R
STREET ADDRESS 1660 NORTHWEST 19 AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VD
NAME MARZANO, PATRICK
STREET ADDRESS 1660 NORTHWEST 19 AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE SD
NAME JOHNSON, WILLIAM B
STREET ADDRESS 1660 NORTHWEST 19 AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JACK R CASAGRANDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06
Date

543-9800
Daytime Phone #