2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-14-2005 90039 006 ***150.00

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02112005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000125933

1. Entity Name
TIDAL WAVE REALTY CORP.

Principal Place of Business	Mailing Address
1191 E NEWPORT CENTER DR STE 103 DEERFIELD BCH, FL 33442	1191 E NEWPORT CENTER DR STE 103 DEERFIELD BCH, FL 33442

2. Principal Place of Business	3. Mailing Address
11660 NW 19 Ave	11660 NW 19 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State: Pompano Beach, FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

4. FEI Number: 35-2188770 ☐ 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.
1191 E NEWPORT CENTER DR STE 103
DEERFIELD BCH, FL 33442

7. Name and Address of New Registered Agent

Name: TIDAL WAVE INVESTMENT CORP. INC.
Street Address (P.O. Box Number is Not Acceptable)
5915 PONCE DE LEON BLVD. SUITE 60
City: CORAL GABLES, FL Zip Code: 33146

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD CASAGRANDE, JACK R 1191 E NEWPORT CT DR., STE 103 DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Casagrande, Jack R 11660 NW 19 Ave Pompano Beach, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARZANO, PATRICK 1191 E NEWPORT CT DR., STE 103 DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Marzano, Patrick 11660 NW 19 Ave Pompano Beach, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, WILLIAM B 1191 E NEWPORT CT DR., STE 103 DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Johnson, William B 11660 NW 19 Ave Pompano Beach, FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Pres. 2/11/05 954-580-0615
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN AS OFFICER OR DIRECTOR — Date — Daytime Phone #