

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000046605

Entity Name: NEW WAVES, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5101 W. INGRAHAM ST  
TAMPA, FL 33616

**New Principal Place of Business:**

**Current Mailing Address:**

5101 W. INGRAHAM ST  
TAMPA, FL 33616

**New Mailing Address:**

FEI Number: 05-0567855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, MARGARET K  
3029 ASBURY PLACE  
TAMPA, FL 33611 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: ROBERTS, STEVEN J  
Address: 5101 W. INGRAHAM ST  
City-St-Zip: TAMPA, FL 33616

Title: STD  
Name: ROBERTS, MARGARET K  
Address: 3029 ASBURY PLACE  
City-St-Zip: TAMPA, FL 33611

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: MARGARET K. ROBERTS

STD

03/22/2011

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

\_\_\_\_\_  
Date