

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000147507**

1. Entity Name  
**AVENTURA WAVES CORP.**



Principal Place of Business  
**2212 S. STATE RD. 7  
MIRAMAR, FL 33023**

Mailing Address  
**2212 S. STATE RD. 7  
MIRAMAR, FL 33023**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0956544</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**GLAZER AND ASSOCIATES, P.A.  
1920 E. HALLANDALE BCH BLVD., SUITE 8010  
HALLANDALE, FL 33009**

**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 \_\_\_\_\_

(Print name of registered agent or change of agent on this form)

(Print Registered Agent signature or print name of change of agent)

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>DE L'HERBE, ETIENNE P<br>2212 S. STATE RD. 7<br>MIRAMAR, FL 33023 |
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04/29/06-80176-018 158.75

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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 or 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ETIENNE DE L'HERBE**