2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# P04000105010

Entity Name: WAVES HEALING CENTER & DAY SPA, INC.

Current Principal Place of Business:

FLORIDA INTERNATIONAL UNIVERSITY
11200 SW 8TH ST. GC 1237
MIAMI, FL 33199

New Principal Place of Business:

FLORIDA INTERNATIONAL UNIVERSITY
11200 SW 8TH ST. GC 1239
MIAMI, FL 33199

Current Mailing Address:

4779 COLLINS AVE
#1604
MIAMI BEACH, FL 33140

New Mailing Address:

5880 COLLINS AVE
#703
MIAMI BEACH, FL 33140

FEI Number: 90-0187975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, ISABEL
4779 COLLINS AVENUE #1604
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

RUIZ, ISABEL
5880 COLLINS AVENUE #703
MIAMI BEACH, FL 33140 US

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: _____ 04/06/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUIZ, ISABEL
Address: 11200 SW 8TH STREET GC 1238
City-St-Zip: MIAMI, FL 33199

Title: VP ( ) Delete
Name: MARINO, DAVID
Address: 11200 SW 8TH STREET GC 1238
City-St-Zip: MIAMI, FL 33199

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RUIZ, ISABEL
Address: 5880 COLLINS AVE #703
City-St-Zip: MIAMI, FL 33199

Title: VP (X) Change ( ) Addition
Name: MARINO, DAVID
Address: 5880 COLLINS AVE #703
City-St-Zip: MIAMI, FL 33199

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ISABEL RUIZ P 04/06/2005
Electronic Signature of Signing Officer or Director — Date