

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105010

FILED  
Jan 13, 2006  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

FLORIDA INTERNATIONAL UNIVERSITY  
11200 SW 8TH ST. GC 1241  
MIAMI, FL 33199

## Current Mailing Address:

5880 COLLINS AVE  
#703  
MIAMI BEACH, FL 33140

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/13/2006

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

\_\_\_\_\_  
Date