

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000105010

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

7675 SW 106 AVE  
MIAMI, FL 33173

**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-MARINO, ISABEL  
7675 SW 106 AVE  
MIAMI, FL 33173 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: P  
Name: RUIZ-MARINO, ISABEL  
Address: 7675 SW 106 AVE.  
City-St-Zip: MIAMI, FL 33173

Title: VP  
Name: MARINO, DAVID  
Address: 7675 SW 106 AVE.  
City-St-Zip: MIAMI, FL 33173

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: ISABEL RUIZ-MARINO

P

03/28/2012

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

\_\_\_\_\_  
Date