

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124838

FILED
Mar 16, 2007
Secretary of State

Entity Name: BLUE WAVE COMMUNICATIONS, INC.

Current Principal Place of Business:

8399 N.W. 30TH TERRACE
DORAL, FL 331221916

New Principal Place of Business:

Current Mailing Address:

8399 N.W. 30TH TERRACE
DORAL, FL 331221916

New Mailing Address:

FEI Number: 65-0608969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOSAL, ALBERTO
8399 N.W. 30TH TERRACE
DORAL, FL 331221916 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: DOSAL, ALBERTO
Address: 8399 NW 30 TERR
City-St-Zip: DORAL, FL 33122

Title: VP () Delete
Name: EWING, THOMAS
Address: 8399 W 30 TERR
City-St-Zip: DORAL, FL 33122

Title: AVP () Delete
Name: BOHN, THOMAS E
Address: 8399 NW 30 TERR
City-St-Zip: DORAL, FL 33122

Title: D () Delete
Name: DOSAL, LOURDES
Address: 8399 NW 30 TERR
City-St-Zip: DORAL, FL 33122

Title: D () Delete
Name: DOSAL, ERIC
Address: 8399 NW 30 TERR
City-St-Zip: DORAL, FL 33122

Title: D () Delete
Name: DOSAL, BRIAN
Address: 8399 NW 30 TERR
City-St-Zip: DORAL, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALBERTO DOSAL

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date