2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 19, 2006 8:00 am Secretary of State **DOCUMENT # P05000056297** 05-19-2006 90030 030 ***150.00 MAC WAVE OF INVESTMENT, INC. Principal Place of Business Mailing Address 400004 800 MOFFETT ST 800 MOFFETT ST HALLANDALE, FL 33009 HALLANDALE, FL 33009 1410 N 05162006 CR2E034 (11/05) 4. FEI Number Applied For 20-269441 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATA, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 800 MOFFETT ST HALLANDALE, FL 33009 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE MATA, MAURICIO A NAME NAME STREET ADDRESS 800 MOFFETT ST STREET ADDRESS CITY-ST-ZIP HALANDALE, FL 33009 CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE MATA, ADRIANA C NAME NAME 800 MOFFETT ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete TITLE Change. Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #

TO WHOM MAY CONCERN: ATTACHMENT HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI ATTACHMENT HOOGSHTI HOOGSHTI ATTACHMENT HOOGSHTI HOOGSHTI HOOGSHTI ATTACHMENT HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI ATTACHMENT HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI HOOGSHTI ATTACHMENT HOOGSHTI HOOGSH

TO 1410 N Federal Hwy Hollywood FL 33020

Belause I grever receix any grail FOR gove AT MY address there is 5 Units in The Building Thank your