2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90109 014 ***150.00

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1. Entity Name
BLUE WAVE CLOTHING COMPANY

Principal Place of Business	Mailing Address
276 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441	276 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441

04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
272 S. Federal Hwy Suite, Apt. #, etc.	272 S. Federal Hwy Suite, Apt. #, etc.
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33441 Country: Broward	Zip: 33441 Country: Broward

4. FEI Number: 59-3805269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VORRIAS, PETER 276 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441	☐ Delete	PD Vorrias, Peter 272 South Federal Hwy Deerfield Beach, FL 33441	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VORRIAS, TERESA K 276 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441	☐ Delete	STD Vorrias, Teresa K 272 South Federal Hwy. Deerfield Beach, FL 33441	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/15/06 954 421 3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #