


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90019 019 ***158.75

DOCUMENT # P06000026117	
1. Entity Name SOUNDWAVE SOLUTIONS, INC.	

Principal Place of Business 18321 NE 20TH AVENUE NORTH MIAMI BEACH FL 33179	Mailing Address 18321 NE 20TH AVENUE NORTH MIAMI BEACH FL 33179
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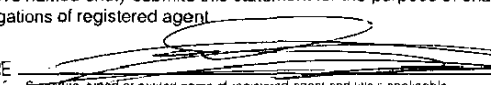


2. Principal Place of Business - No P.O. Box # 15251 NE 18 AVE	3. Mailing Address 18321 NE 20 AVE
Suite, Apt. #, etc. STE # 7	Suite, Apt. #, etc. DRIV
City & State NORTH MIAMI BEACH	City & State NORTH MIAMI BEACH
Zip 33162	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 20-4332711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAGGERNAUT, DENNIS 18321 NE 20TH AVENUE NORTH MIAMI BEACH FL 33179	
7. Name and Address of New Registered Agent 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: 3/1/07

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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAGGERNAUT, DENNIS		NAME	
STREET ADDRESS 18321 NE 20TH AVENUE		STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI BEACH FL 33179		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP NORTH MIAMI BEACH FL 33179		CITY - ST - ZIP	
TITLE SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP NORTH MIAMI BEACH FL 33179		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 3/1/07 (305) 940-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR