

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082254

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** NEW WAVE RESEARCH ASSOCIATES, INC

**Current Principal Place of Business:**

717 SW 122 AVE.  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

717 SW 122 AVE.  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REVOREDO, MARIA D.  
717 SW 122 AVE.  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

REVOREDO, MARIA D  
717 SW 122 AVE.  
PEMBROKE PINES, FL 33025 US

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: MARIA D. REVOREDO

01/18/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: REVOREDO, MARIA D.  
Address: 717 SW 122 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: REVOREDO, MARIA D  
Address: 717 SW 122 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33025

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: MARIA D. REVOREDO

DPS

01/18/2007

Electronic Signature of Signing Officer or Director

Date