


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90062 023 \*\*\*150.00

<b>DOCUMENT # P07000070244</b>					
1. Entity Name <b>WICKED WAVES SURF INC</b>					
Principal Place of Business <b>8744 S W 53RD STREET COOPER CITY, FL 33328</b>			Mailing Address <b>8744 S W 53RD STREET COOPER CITY, FL 33328</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>26-0372645</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				66015768	
6. Name and Address of Current Registered Agent <b>RATHJENS, DARLENE 8744 S W 53RD STREET COOPER CITY, FL 33328</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RATHJENS, DARLENE 8744 S W 53RD STREET COOPER CITY, FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>Darlene Rathjens</b>		Date: <b>7/10/08</b> Daytime Phone: <b>954-937-5829</b>	

ATTACHMENT

66015768  
# 907000070244

JULY 7, 2008  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2008.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2008 FOR  
THE YEAR 2008. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF  
THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO  
DISSOLVE.

YOURS TRULY

Dulene Rato