

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2008
Secretary of State**

DOCUMENT# P93000080292

Entity Name: CURVES N' WAVES, INC.

Current Principal Place of Business:

275 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

275 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0456736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITUCCI, JOSEPH
275 MIRACLE MILE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VITUCCI, JOSEPH
Address: 730 CORAL WAY #202
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: VITUCCI, NORMA
Address: 140 JEFFERSON AV #14015
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH VITUCCI

PD

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date