2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000006037

1. Entity Name
NEW WAVE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
223 NW 2 AVE	223 NW 2 AVE
HALLANDALE, FL 33009 US	HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0556645	Not Applicable

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

6. **Name and Address of Current Registered Agent**

GARCIA, FAUSTINO
2454 VAN BUREN STREET
HOLLYWOOD, FL 33020

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00	9. Election Campaign Financing	**$5.00** May Be
After May 1, 2006 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, FAUSTINO
STREET ADDRESS	2454 VAN BUREN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000425608
02/20/06-80008-020 150.00

DO NOT WRITE
IN THIS SPACE

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: _Faustino Garcia_   2-3-06   954-455-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #