

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P95000051572

1. Entity Name
TIDAL WAVE INVESTMENT CORPORATION, INC.



Principal Place of Business
**5915 PONCE DE LEON BLVD.
SUITE 60
CORAL GABLES, FL 33146**

Mailing Address
**5915 PONCE DE LEON BLVD.
SUITE 60
CORAL GABLES, FL 33146**



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-060909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENDER, HARRY K
5915 PONCE DE LEON BLVD.
SUITE 60
CORAL GABLES, FL 33146**

**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 _____ DATE _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

03/26/08-80040-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEELEY, JOHN J JR
STREET ADDRESS	5915 PONCE DE LEON BLVD. #60
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	PVD
NAME	CASAGRANDE, JACK R
STREET ADDRESS	5915 PONCE DE LEON BLVD. #60
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	JOHNSON, WILLIAM B
STREET ADDRESS	5915 PONCE DE LEON BLVD. # 60
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MARZANO, PATRICK
STREET ADDRESS	5915 PONCE DE LEON BLVD #60
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK R CASAGRANDE

12125.

3/5/08

Date

854

543-9800

Daytime Phone #