

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

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0600909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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

DATE
 03/26/08-90040-019 150.00

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

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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: *Jack R Casagrande* **JACK R CASAGRANDE** **554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **12/15** **3/5/08** **547-9800**
Date Daytime Phone #