## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056172

Entity Name: NEW WAVE DISTRIBUTORS, INC.

FILED Apr 19, 2005 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

5750 SW 142 AVENUE

FORT LAUDERDALE, FL 33330 US

Current Mailing Address: New Mailing Address:

7020 SW 22 COURT 7020 SW 22 COURT

SUITE E SUITE E DAVIE, FL 33328 US DAVIE, FL 33317 US

FEI Number: 65-0616216 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LICATA, RAQUEL
 7020 S W 22 COURT
 7020 S W 22 COURT

 SUITE E
 SUITE E

 DAVIE, FL 33328 US
 DAVIE, FL 33317 US

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: 04/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LICATA, RAQUEL
 Name:
 LICATA, RAQUEL

 Address:
 7020 S W 22 COURT
 Address:
 7020 S W 22 COURT

 City-St-Zip:
 DAVIE, FL
 City-St-Zip:
 DAVIE, FL
 33317 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 LICATA, JOHN
 Name:
 LICATA, JOHN

 Address:
 7020 SW 22 COURT
 Address:
 7020 SW 22 COURT

 City-St-Zip:
 DAVIE, FL
 23317 US

 Name:
 QUINTERO, LORRAINE
 Name:
 QUINTERO, LORRAINE

 Address:
 7020 S.W. 22 COURT
 Address:
 7020 S.W. 22 COURT

 City-St-Zip:
 DAVIE, FL
 33317 US

Title: M () Delete Title: M (X) Change () Addition

 Name:
 QUINTERO, MANUEL
 Name:
 QUINTERO, MANUEL

 Address:
 7020 S.W. 22 COURT
 Address:
 7020 S.W. 22 COURT

 City-St-Zip:
 DAVIE, FL
 City-St-Zip:
 DAVIE, FL 33317 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAQUEL LICATA PD 04/19/2005