

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90378 006 ***150.00

DOCUMENT # P96000062096 1. Entity Name ROCKWAVE, INC.					
Principal Place of Business 7500 SW 61ST AVE. SOUTH MIAMI, FL 33143			Mailing Address 7500 SW 61ST AVE. SOUTH MIAMI, FL 33143		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0774755	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LYONS, LOUIS R 7500 SW 61ST AVE. SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent Name LENIA C. LYONS Street Address (P.O. Box Number is Not Acceptable) 7500 SW 61st Ave. City SOUTH MIAMI FL Zip Code 33143	
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 <i>Lenia C. Lyons</i> LENIA C. LYONS, SECRETARY & TREASURER, 4/19/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGTD LYONS, LOUIS R 7500 SW 61ST AVE. SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR LYONS, LOUIS R. 7500 SW 61ST AVE. SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer Lenia C. LYONS 7500 SW 61ST AVE SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Lenia C. Lyons</i> LENIA C. LYONS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/19/06 305.299.1099 <small>Date Daytime Phone #</small>		