

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000062096

1. Entity Name  
ROCKWAVE, INC.



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

04-24-2006 90378 006 \*\*\*150.00

40000-



04122006 Chg-P CR2E034 (11/05)

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	Zip	Country

4. FEI Number 65-0774755	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  LYONS, LOUIS R 7500 SW 61ST AVE. SOUTH MIAMI, FL 33143		7. Name and Address of New Registered Agent  Name <b>LENIA C. LYONS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>7500 SW 61ST Ave.</b> City <b>SOUTH MIAMI</b> FL Zip Code <b>33143</b>	
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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 *Lenia C. Lyons, LENIA C. LYONS, SECRETARY & TREASURER, 4/19/06* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE *4/19/06*

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LYONS, LOUIS R</b> <b>7500 SW 61ST AVE.</b> <b>SOUTH MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LENIA C. LYONS</b> <b>7500 SW 61ST AVE</b> <b>SOUTH MIAMI, FL 33143</b>
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
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
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
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: *Lenia C. Lyons, LENIA C. LYONS* Date *4/19/06* Daytime Phone # *305.299.1099*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR