


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P98000101841 1. Entity Name NEW WAVE INC.	
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Principal Place of Business 1309 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	Mailing Address 1309 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

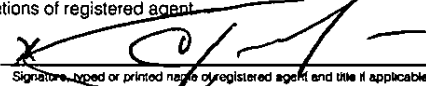
4. FEI Number 65-0893657	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PONYATOVSKY, TATIANA
1309 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301**

**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 **3/29/07**

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, 2007 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

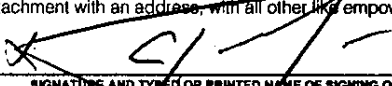
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PONYATOVSKY, SERGEY 2110 NORTH OCEAN BLVD, UNIT # 8B FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PONYATOVSKY, TATIANA 2110 NORTH OCEAN BLVD, UNIT # 8B FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000690488
04/11/07-80077-033 150.00

U00000690488
04/11/07-80077-034 8.75

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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:  DATE **3/29/2007** 954-524-4244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR