


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000032380
 1. Entity Name
 WVE WAREHOUSE INVESTMENTS V, INC.



Principal Place of Business Mailing Address
 10165 NW 19TH ST 10165 NW 19TH ST
 MIAMI, FL 33172 MIAMI, FL 33172

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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0926439 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EASTON, EDWARD W
 10165 NW 19TH ST
 MIAMI, FL 33172

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. \$5.00 May Be Added to Fees

U00000063905
 02/23/04-90179-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EASTON, EDWARD W
STREET ADDRESS	10165 NW 19TH ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	EASTON, EDWARD J
STREET ADDRESS	10165 NW 19TH ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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I hereby certify that the information supplied with this filing does not qualify 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 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: Edward W. Easton EDWARD W. EASTON 2/20/04 (305) 593-2222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #