

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39357

Entity Name: RADIO WAVES OF LOVE, INC.**Current Principal Place of Business:**6050 W. 20TH AVE.
HIALEAH, FL 33106**Current Mailing Address:**6050 W. 20TH AVE.
HIALEAH, FL 33106**FEI Number:** 65-0209394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGUERO, OSCAR J
5301 W. SAXON CIR
DAVIE, FL 33331 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	AGUERO, OSCAR J
Address	5301 W SAXON CIR
City-State-Zip:	DAVIE FL 33331

Title	V
Name	AGUERO, STELLA M
Address	5301 W SAXON CIR
City-State-Zip:	DAVIE FL 33331

Title	T
Name	AGUERO, DIEGO J
Address	5106 SW 141 AVENUE
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	PEREZ, HECTOR
Address	5337 W. 22ND COURT
City-State-Zip:	HIALEAH FL 33016

Title	D
Name	CASTRO, FERNANDO
Address	6190 NW 173 ST.
City-State-Zip:	MIAMI LAKES FL 33015

Title	D
Name	SOTELO, MAXIMO
Address	10874 S.W. 2ND STREET
City-State-Zip:	MIAMI FL 33012

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSCAR AGUERO**PRESIDENT****01/31/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date