2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90125 047 ***150.00

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Entity Name
C-GROVE CORPORATION



40092678 Mailing Address Principal Place of Business 4101 LA PLAYA BLVD 4101 LA PLAYA BLVD MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 20-0944052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, CORNELIUS Street Address (P.O. Box Number is Not Acceptable) 4101 LA PLAYA BLVD MIAMI, FL 33133 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P_{-} HILE ☐ Change ☐ Addition THE ☐ Delete SANDERS, CORNELIUS NAME 4101 LA PLAYA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CHY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SANDERS, MICHAEL C NAME NAME 1550 MICHIGAN AVE APT 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP ☐ Delete ITILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

12. Thereby certify that the information supplied with this filling 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 tractee 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.

CHY-ST-ZIP

NAME

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 (305)428-8715

☐ Change

Change

☐ Addition

Addition