

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000071276

**Entity Name:** DOUBLE E GROVES, INC.

**Current Principal Place of Business:**

2410 N.W. 147 STREET  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2410 N.W. 147 STREET  
OPA LOCKA, FL 33054

**FEI Number:** 20-2847294

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AVILA, LUIS M  
2410 N.W. 147 STREET  
OPA LOCKA, FL 33054 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 D  
Name AVILA, LUIS M  
Address 2410 N.W. 147 STREET  
City-State-Zip: OPA LOCKA FL 33054

Title D  
Name AVILA, BELKYS  
Address 2410 N.W. 147 STREET  
City-State-Zip: OPA LOCKA FL 33054

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

**SIGNATURE:** LUIS AVILA

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date