

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303586

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: GROVE SERVICES, INC. OF MIAMI

## Current Principal Place of Business:

25100 S W 177TH AVENUE  
P O BOX 1310  
HOMESTEAD, FL 33090

## New Principal Place of Business:

25100 S W 177TH AVENUE  
HOMESTEAD, FL 33030

## Current Mailing Address:

25100 S W 177TH AVENUE  
P O BOX 1310  
HOMESTEAD, FL 33090

## New Mailing Address:

P.O. BOX 901310  
HOMESTEAD, FL 33090

FEI Number: 59-1116482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILCOX, MARK  
25100 S W 177TH AVENUE  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PHILCOX, MARK,  
Address: 25100 S W 177TH AVENUE  
City-St-Zip: HOMESTEAD, FL

Title: STD ( ) Delete  
Name: PHILCOX, MARY,  
Address: 25100 S W 177TH AVENUE  
City-St-Zip: HOMESTEAD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PHILCOX, MARK,  
Address: 25100 S W 177TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: STD (X) Change ( ) Addition  
Name: PHILCOX, MARY,  
Address: 25100 S W 177TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY PHILCOX

STD

04/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date