

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 APR 22 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172008 Chg-NP CR2E037 (12/06)

DOCUMENT # 725549	
1. Entity Name SOUTH GROVE PLAZA ASSOCIATION, INC.	



Principal Place of Business 2690 S.W. 22ND AVENUE MIAMI, FL 33133	Mailing Address C/O 435 SW 123 AVENUE MIAMI, FL 33184
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent C R MANAGEMENT & INVESTMENTS, INC 435 SW 123 AVENUE MIAMI, FL 33184	
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4. FEI Number 65-0722504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDET, MIRIAM 2690 SW 22ND AVENUE, APT #505 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200128778072 05/07/08--01041--033 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FERNANDO 2690 SW 22ND AVE APT 206 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, PETRICA 2960 SW 22 AVE #207 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENERO, SERGIO JOSE 2690 SW 22 AVE #208 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD HERRERO, SERGIO J. 2690 SW 22 AVE #208 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VEUNES, ESTHER 2960 SW 22 AVE #105 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARKER, JOHN 2690 SW 22ND AVE APT 506 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 617, 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: <u><i>Chiam Cardet</i></u>	Date: <u>4/17/08</u>	Daytime Phone #: <u>305-226-1897</u>
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