


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90455 006 ****61.25

DOCUMENT # 768120 1. Entity Name GROVE ESTATES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 10940 S.W. 7 ST. #101 MIAMI, FL 33174	Mailing Address 10940 S.W. 7 ST. #101 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE

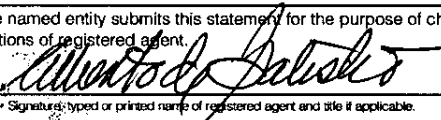


03142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0180230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEGALISTEO, ALBERTO 10940 S.W. 7 ST #101 MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
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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  DATE 4/20/2004

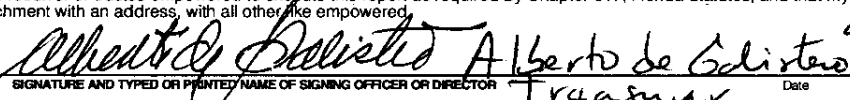
* Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEGALISTEO, ALBERT 10940 S.W. 7 STREET #101 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUCO, ANTONIO 10940 S.W. 7 STREET #102 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORUGEDO, LUPE 10940 S.W. 7 STREET #107 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMOS, DEVA 10940 S.W. 7 STREET #102 MIAMI, FL 33174 <i>delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPERT, WINSTON K 10930 S.W. 7 ST #206 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, ROBERTO 740 S.W. 109TH AVE #311 MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Alberto de Galisteo (305) 220-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #