

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J96561**

**1. Entity Name  
SUN GROVES MIAMI, INC.**



**Principal Place of Business  
33250 SW 210TH AVENUE  
HOMESTEAD, FL 33030 US**

**Mailing Address  
P.O. BOX 343234  
FLORIDA CITY, FL 33034**



**01072006 No Chg-P CR2E034 (11/05)**

**4. FEI Number  
65-0010914**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**5. Name and Address of Current Registered Agent**

**BERNSTEIN, JEFFREY A  
100 N. BISCAYNE BLVD.  
SUITE 1707  
MIAMI, FL 33132**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**000000382503  
01/12/06 00015 011 153.75**

**10. OFFICERS AND DIRECTORS**

**TITLE PT  
NAME CHEN, WILLIAM JR  
STREET ADDRESS 8741 SW 193RD TERRACE  
CITY-ST-ZIP MIAMI, FL 33157**

**TITLE VS  
NAME CHEN, CARMEN  
STREET ADDRESS 8741 S.W. 193 TERR.  
CITY-ST-ZIP MIAMI, FL 33157**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7/2006 305-  
2477774**