


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # J96561 1. Entity Name SUN GROVES MIAMI, INC.	
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Principal Place of Business 33250 SW 210TH AVENUE HOMESTEAD, FL 33030 US	Mailing Address P.O. BOX343234 FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0010914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. 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
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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 _____ **U000000580253**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **01/10/07 00029 010 150.75**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	PT CHEN, WILLIAM JR 8741 SW 193RD TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CHEN, CARMEN 8741 S.W. 193 TERR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **1/3/07** **305-2477174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #