

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K28023

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** P & M GROVES OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

804 FLAMANGO CT. W.  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 1249  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

804 FLAMANGO CT. W.  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 59-2930719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORZO, PEDRO A  
804 FLAMANGO CT. W.  
WEST PALM BEACH, FL 33406 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: CORZO, PEDRO A  
Address: 804 FLAMANGO CT. W.  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: VSD  
Name: CORZO, MAXIMO  
Address: 780 FLAMANGO CT. W.  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D  
Name: CORZO, ALFREDO  
Address: 214 SALZEDO ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO CORZO

D

04/30/2012

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

\_\_\_\_\_  
Date