


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 018 ***150.00

DOCUMENT # M27057

1. Entity Name
GROVE ISLE MARINA, INC.



Principal Place of Business
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133

Mailing Address
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133

40001984



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2630770

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAWRENCE ROTHSTEIN
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WIENER, MAURICE
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	DPS
NAME	ROTHSTEIN, LAWRENCE
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VAS
NAME	CAMAROTTI, CARLOS
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Carlos Camarotti CARLOS CAMAROTTI 1/11/05 305-864-6803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #