



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M43721 1. Entity Name GROVE UNIT 2, INC.		
Principal Place of Business 417 E SHIRDAN STREET #129 DANIA, FL 33004-4603 US	Mailing Address 417 E SHIRDAN STREET #129 DANIA, FL 33004-4603 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent DEL VALLE, MILLY C/O SAGE SOLUTIONS, INC. 417 E SHERIDAN STREET, #129 DANIA BEACH, FL 33004-4603		<div style="text-align: center;">  </div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS DEL VALLE, MILLY 417 E SHERIDAN STREET, #129 DANIA BEACH, FL 330044603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em;"> 1100000468888 03/25/06-00011-002 150.00 </div> <h2>DO NOT WRITE IN THIS SPACE</h2>	
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 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: <u>Milly Del Valle</u> 3/13/06 954 922 7185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2818491	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	