

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90072 013 \*\*\*150.00

**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

00000164



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2818491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VALLE, MILLY  
C/O SAGE SOLUTIONS, INC.  
417 E SHERIDAN STREET, #129  
DANIA BEACH, FL 33004-4603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VTS ☐ Delete  
NAME DEL VALLE, MILLY  
STREET ADDRESS 417 E SHERIDAN STREET, #129  
CITY-ST-ZIP DANIA BEACH, FL 330044603

TITLE P ☒ Delete  
NAME JOHN JAIR PELAEZ  
STREET ADDRESS 417 E. SHERIDAN STREET #129  
CITY-ST-ZIP DANIA BEACH, FL 33004 4603

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P VTS ☐ Change ☒ Addition  
NAME MILLY DEL VALLE  
STREET ADDRESS 417 E. SHERIDAN STREET #129  
CITY-ST-ZIP DANIA BEACH, FL 33004 4603

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Milly Del Valle*

MILLY DEL VALLE

1/26/07

954 927 785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #