2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011857

Entity Name: GROVEHOUSE ARTISTS, INC.

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3439 MAIN HIGHWAY COCONUT GROVE, FL 33133 **Current Mailing Address: New Mailing Address:** 6680 SW 132 ST MIAMI, FL 33156 FEI Number: 41-2160832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEJADA, BARBARA A 6680 SW 132ND ST MIAMI, FL 33156 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TEJADA, BARBARA A DIR Name: Name: 6880 SW 132ND ST Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: ROBERT, RODRIGUEZ ASOC D Name: GOLDSMITH, PAULINE ASOC D Address: 8101 SW 104 ST Address: 2907 JACKSON AVE City-St-Zip: MIAMI, FL 33156 City-St-Zip: COCONUT GROVE, FL 33133 Title: () Delete Title: (X) Change () Addition DEILKE, KAREN REC SEC DEILKE, KAREN REC SEC Name: Name: 3411 POINCIANA AVE Address: Address: 3411 POINCIANA AVE City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 Title: ΑD () Delete Title: () Change () Addition Name: SCOTT, AUDREY TRES Name: 3055 GIFFORD LANE Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: AD (X) Change () Addition CALLUORI, THERESA HIST Name: Name: LATHAM, LYNNE HIST 6732 SW 314TH CT. 3187 VIA ABITARE Address: Address: COCONUT GROVE, FL 33133 City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: () Delete Title: (X) Change () Addition KLOCKERS, JOAN COR SEC SALLY, WILLITS COR SEC Name: Name: Address: 3490 PONCIANNA AVE Address: 4442 SW 115 PLACE COCONUT GROVE, FL 33133 City-St-Zip: MIAMI, FL 33185 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ANN TEJADA DIR 02/11/2008