2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N04000011857

Entity Name: GROVEHOUSE ARTISTS, INC.

Current Principal Place of Business:

3439 MAIN HIGHWAY
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

6680 SW 132 ST.
MIAMI, FL 33156

New Mailing Address:

FEI Number: 41-2160832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TEJADA, BARBARA A
6680 SW 132ND ST
MIAMI, FL 33156 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:	D	( ) Delete
Name:	TEJADA, BARBARA A DIR	
Address:	6880 SW 132ND ST	
City-St-Zip:	MIAMI, FL 33156	
Title:	AD	( ) Delete
Name:	GOLDSMITH, PAULINE ASOC D	
Address:	2907 JACKSON AVE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	AD	( ) Delete
Name:	DEILKE, KAREN REC SEC	
Address:	3411 POINCIANA AVE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	AD	( ) Delete
Name:	SCOTT, AUDREY TRES	
Address:	3055 GIFFORD LANE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	AD	( ) Delete
Name:	LATHAM, LYNNE HIST	
Address:	3187 VIA ABITARE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	AD	(X) Delete
Name:	KLOCKERS, JOAN COR SEC	
Address:	4442 SW 115 PLACE	
City-St-Zip:	MIAMI, FL 33185	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 01/09/2009
Electronic Signature of Signing Officer or Director — Date