

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 A
Secretary of State**

DOCUMENT # P01000058747 1. Entity Name OXYGEN IN THE GROVE, INC.	
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Principal Place of Business 2911 GRAND AVE STE 500 COCONUT GROVE, FL 33133	Mailing Address 2911 GRAND AVE STE 4-B COCONUT GROVE, FL 33133
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-1118072	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDMAN, MATT D ESQ 2911 GRAND AVE. SUITE 4-B MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

**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

U000000608211
02/01/07-80001-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, MATT D 2911 GRAND AVE., SUITE 4-B COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, ANGEL 11724 SW 116 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOLDMAN, MATT D 2911 GRAND AVE., SUITE 4-B COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SANCHEZ, ANGEL 11724 SW 116 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 21 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matt D. Goldman **MATT GOLDMAN**

1-2507

(305) 445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #