


2004 FOR PROFIT CORPORATION ANNUAL REPORT

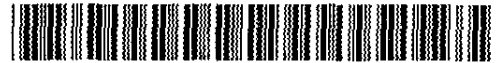
FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000019272
 1. Entity Name
M & A GROVER, INC.



Principal Place of Business Mailing Address
 7263 NW 36 STREET 17440 S.W. 84TH COURT
 MIAMI, FL 33166 MIAMI, FL 33157-6058

DO NOT WRITE IN THIS SPACE



03202003 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 02-0555481 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GROVER, MANDEEP S
 17440 S.W. 84TH COURT
 MIAMI, FL 33157-6058

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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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROVER, MANDEEP S
STREET ADDRESS	17440 S.W. 84TH COURT
CITY-ST-ZIP	MIAMI, FL 331576058
TITLE	D
NAME	GROVER, AMARJIT K
STREET ADDRESS	17440 S.W. 84TH COURT
CITY-ST-ZIP	MIAMI, FL 331576058
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/28/04-80002-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: M S Grover 5-1-04 (305) 470-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #