


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90043 043 ***150.00

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

40017932



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

GROVER, MANDEEP S
 17440 S.W. 84TH COURT
 MIAMI, FL 33157-6058

4. FEI Number Applied For

02-0555481 Not Applicable

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

7. Name and Address of New Registered Agent

Name Amarjit K. Grover

Street Address (P.O. Box Number is Not Acceptable)
17440 SW 84 Court

City Miami FL Zip Code 33157-6058

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 Amarjit K Grover, Amarjit k. Grover, owner DATE 02-10-07

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	GROVER, MANDEEP S	
STREET ADDRESS	17440 S.W. 84TH COURT	
CITY-ST-ZIP	MIAMI, FL 331576058	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROVER, AMARJIT K	
STREET ADDRESS	17440 S.W. 84TH COURT	
CITY-ST-ZIP	MIAMI, FL 331576058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Amarjit K Grover DATE 02-10-07 Daytime Phone # 305-470-9444
305-233-6779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR