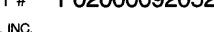
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000092052

1. Entity Name
WILLS GROVES, INC.





FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90221 031 ***150.00

					WE THE				
Principal Place of Business 2040 SW 59TH AVE MIAMI FL 33155		204	Mailing Address 2040 SW 59TH AVE MIAMI FL 33155						
2. Principal Place of Business			3. Mailing Address				I INDIKERI KALURIUN KANIL NUMBE NUMBE NUMBE NUMBE NUMBER NUMBER	IB MENI BOJOT A	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING (CHANGES	,
City & State			City & State			4. FEI Number 02-0673233 Mapplied For Not Applicable			
Zip Country		·	Zip Count		У	5. Certificate of Status Desired			
	6. Name and Add	ress of Current Registe	red Agent			7. N	Name and Address of New Registered Ag	•	
			 		Name				
WILLS, JORGE E 2040 SW 59TH AVE			Street Address			(P.O. Box Number is Not Acceptable)			
MIAMI FL 33155									
				}	City	-	FL	Zip Code	e
	e named entity submits tions of registered ager		rpose of changing its	registered	d office or registe	red age	ent, or both, in the State of Florida. I am far	miliar with, a	and accept
SIGNATURE .	Signature, typed or printed na	me of registered agent and title if a	pplicable. (NOTE	: Registered	Agent signature required	d when rei	oinstating) DATE		
F	ILE NOW!!! FEE I	S \$150.00	;			Ì			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10. OFFICERS AND						ADI	 	DIBECTORS	S IN 11
TITLE	D	OFFICERS AND DIFFECT	□ Delete	TITLE		7101		☐ Change	Addition
NAME	WILLS, HUGO			NAME					·
STREET ADDRESS	DRESS 2040 SW 59TH AVE		STF		T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155			CITY-S	ST-ZIP				
TITLE	D .		☐ Delete	TITLE	ŀ		1	☐ Change	☐ Addition
NAME	WILLS, JORGE E	-		NAME					
STREET ADDRESS CITY-ST-ZIP-	2040 SW 59TH AV				T ADDRESS				
	MIMIMINITE OS 100	<u> </u>	سا موسیدرد موسید		31-211-2-13	·		Change	Addition
TITLE NAME			☐ Delete	TITLE			·	Change	Addition
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CITY CT 7ID				CITY O	21.70				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-03

305-375-2706

Daytime Phone #

CR2E034 (10/02)