

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-07-2004 90050 050 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # P03000064257 1. Entity Name CENTER GROVE INVESTMENTS, INC. | | | | | |
| Principal Place of Business 7803 SW 91 AVENUE MIAMI FL 33173 | | | Mailing Address 7803 SW 91 AVENUE MIAMI FL 33173 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 56-2376900 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent VIVAR, ROMEL 7803 SW 91 AVENUE MIAMI FL 33173 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | 10. OFFICERS AND DIRECTORS | |
| 10. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> Delete NAME VIVAR, ROMEL STREET ADDRESS 7803 SW 91 AVENUE CITY-ST-ZIP MIAMI FL 33173 | | 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 P <input type="checkbox"/> Delete NAME LOPEZ, EDWARD STREET ADDRESS 11939 SW 79 TERR CITY-ST-ZIP MIAMI FL 33183 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <u><i>[Signature]</i></u> 4/15/04 (305) 970 3857 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |