

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000091674

1. Entity Name
GROVE'S GALLERY CORPORATION



Principal Place of Business
3137 COMMODORE PLAZA
MIAMI, FL 33133 US

Mailing Address

3137 COMMODORE PLAZA
MIAMI, FL 33133 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03012006 Chg-P CR2E034 (11/05)

4. FEI Number
APPLIED FOR 20-1273902 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CALDERON, JOSE A
STREET ADDRESS 3137 COMMODORE PLAZA
CITY-ST-ZIP MIAMI, FL 33133

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Change Addition
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CITY-ST-ZIP Delete

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NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/2006

Date

Daytime Phone #

**FILED
Mar 13, 2006 8:00 am
Secretary of State**

03-13-2006 90092 024 ***150.00