## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

**SIGNATURE:** 

## Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P04000100186** 1. Entity Name 04-21-2005 90259 011 \*\*\*158.75 **COVÉ GROWTH CORPORATION** Principal Place of Business Mailing Address 641 SW 16TH ST. 641 SW 16TH ST. BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business Mailing Address 645 SE Suite, Apt. #, etc. Suite, Apt. #, etc 03282005 Chq-P CR2E034 (10/03) 4. FEI Number 20 · 1372425 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELDS, RANDOLPH H 450 S. ORANGE AVE., SUITE 650 ORLANDO, FL 32801 Street City 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 the obligations of regist resident SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 33441 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TTLE ☐ Delete ☐ Change ■ Addition TITLE NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 otherwise empowered.

**FILED**