

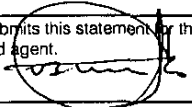
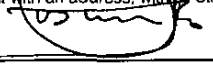


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90327 037 \*\*\*150.00

|   |  |   |   |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|--|---|---|---|---------------------------------|------|------------------------------------|--|----------------|--|--|-------------|-------------------------------|--|--|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P04000108548</b><br>1. Entity Name<br><b>UNIT 805 GROVENOR HOUSE, CORP.</b>   |  |   |   |    |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>901 PONCE DE LEON BLVD, SUITE 603<br/>CORAL GABLES, FL 33134</b>  |  |   | Mailing Address<br><b>901 PONCE DE LEON BLVD, SUITE 603<br/>CORAL GABLES, FL 33134</b>                              |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><b>6400 SW 116th ST.</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>6400 SW 116th ST.</b><br>Suite, Apt. #, etc. |   | <b>50037764</b><br>   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>MIAMI, FL</b>  |  | City & State<br><b>MIAMI, FL</b>                                      |   | 4. FEI Number<br><b>20-1498501</b>  |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip<br><b>33156</b>   |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALBORNOZ, WILLIAM H<br/>901 PONCE DE LEON BLVD, SUITE 603<br/>CORAL GABLES, FL 33134</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>TUBILLA, JORGE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6400 SW 116th ST.</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</b> |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE  <b>JORGE TUBILLA</b> <b>04/15/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>VELASCO DE TUBILLA, MARIA C</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>901 PONCE DE LEON BLVD, SUITE 603</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>CORAL GABLES, FL 33134</b></td> <td></td> </tr> </table>   |  |   | TITLE   | D   | <input type="checkbox"/> Delete | NAME | <b>VELASCO DE TUBILLA, MARIA C</b> |  | STREET ADDRESS | <b>901 PONCE DE LEON BLVD, SUITE 603</b> |  | CITY-ST-ZIP | <b>CORAL GABLES, FL 33134</b> |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME  | <b>VELASCO DE TUBILLA, MARIA C</b>       |   |   |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>901 PONCE DE LEON BLVD, SUITE 603</b> |   |   |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>CORAL GABLES, FL 33134</b>            |   |   |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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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 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:  <b>JORGE TUBILLA</b> <b>04/15/05 (305) 7407095</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |   |                                 |      |                                    |  |                |  |  |             |                               |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |