

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111221

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: UNIT 706 GROVENOR HOUSE, CORP.

## Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1390 BRICKELL AVE  
SUITE 200  
MIAMI, FL 33131

## Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134

## New Mailing Address:

1390 BRICKELL AVE  
SUITE 200  
MIAMI, FL 33131

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H ESQ.  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CASTILLO, ALVARO B ESQ.  
1390 BRICKELL AVE  
SUITE 200  
MIAMI, FL 33131 US

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.

SIGNATURE: CASTILLO, ALVARO B                      04/25/2005  
Electronic Signature of Registered Agent                      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEON SAUVINET, LUZ MARIA  
Address: 901 PONCE DE LEON BLVD., SUITE 603  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEON SAUVINET, LUZ MARIA  
Address: 1390 BRICKELL AVE, SUITE 200  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON SAUVINET, LUZ MARIA                      D                      04/25/2005  
Electronic Signature of Signing Officer or Director                      Date