2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P07000101121 1. Entity Name SOUTH FLORIDA GROVE MAINTENANCE, INC.						05-02-2008 90167 019 ***150.00					
Principal Plac	e of Business	Mailing Address									
29420 S. W.	205TH AVENUE	P. O. BOX 596									
HOMESTEAD	, FL 33030 US	HOMESTEAD, FL 3309	HOMESTEAD, FL 33090 US								
					I I BENERO MI	EBRIG FORM ORDER BRIDE	1724 HATA ORUGA (FROM HATER MENAL H	HARI II (CD)			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282008	Chg-P	CR2E034 (12/06)				
City & State		City & State		4. FEI Numbe	26_114661		optied For				
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ad	ditional			
	6. Name and Address of Current	Registered Agent	L		7. Name and	Address of New	Registered Agent				
				Name							
KROME, MEDORA 29420 S. W. 205TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
HOMESTE	EAD, FL 33030					<u></u>	· · · · · · · · · · · · · · · · · · ·	- - -			
				City			FL Zip Coo	le			
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.											
210 00 ng 21	and of regions of agents										
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registere	d Agent signature requ	ared when reinstating)		DATE				
FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				55.00 May Be added to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11			
TITLE	P	☐ Delete	TITLE	i i			Change	Addition			
NAME STREET ADDRESS	HUNT, MICHAEL O 18380 S. W. 264TH STREET		NAM STRE	ET ADDRESS							
CITY-ST-ZIP	HOMESTEAD, FL 33031			-ST-ZIP							
TITLE	VP,S	☐ Delete	TITLE	:	·		☐ Change	Addition			
NAME	KROME, MEDORA		NAM	E				_			
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	HOMESTEAD, FL 33030			-ST-ZIP				F3			
TITLE NAME		☐ Delete	TITLE	•			☐ Change	Addition Addition			
STREET ADDRESS				ET ADDRESS							
CHTY-ST-ZIP			CITY	-ST-ZIP							
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NAME	[NAM								
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NAME	NAM						_ `				
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CITY-ST-ZIP	<u> </u>			-ST-ZIP							
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STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			•	-ST-ZIP							
	certify that the information supplied will	h this filling does not qualify fo	or the ex	emptions contait	ned in Chapter 110	Florida Statutes	I further certify that the	information			

remercy centry triat the information supplied with this 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 of 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.

C	GN	JΛ	TH	P	⋤.

Medo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENOR DIRECTOR

Medora Krome

4-29-08 Date

305 235 3520 Daylime Phone #