

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000011931	1. Entity Name SOUTH GROVE DEVELOPMENT, INC.	U
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Principal Place of Business 14320 S.W. 92ND AVENUE MIAMI, FL 33176	Mailing Address 14320 S.W. 92ND AVENUE MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

02	No	02	02	02
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4. FEI Number 65-0374883	Applie Not A
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additio Fee Required
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6. Name and Address of Current Registered Agent  TRUMAN, JOHN R 14320 S.W. 92ND AVENUE MIAMI, FL 33176
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**DO NOT WRITE  
IN THIS SPACE**

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
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRUMAN, JOHN R 14320 S.W. 92ND AVENUE MIAMI, FL 33176
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03/07/05-80056-012 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>John R. Truman</i>	JOHN R. TRUMAN	2 MAR 05	305 233 1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #