

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 08:00
Secretary of State

DOCUMENT # P93000078488

1. Entity Name

ALLAPATAH-CRAGG GROVES CORPORATION



Principal Place of Business

%ALBERTO PEREZ-STABLE
1241 OKEECHOBEE RD BLDG A, STE 1
WEST PALM BEACH, FL 33401

Mailing Address

%ALBERTO PEREZ-STABLE
1241 OKEECHOBEE RD BLDG A, STE 1
WEST PALM BEACH, FL 33401



05092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0486570

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ-STABLE, ALBERTO
1241 OKEECHOBEE RD BLDG A
STE 1
WEST PALM BEACH, FL 33401

**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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SANCHEZ, ENRIQUE
STREET ADDRESS	7232 NW 79TH TERRACE
CITY-ST-ZIP	MEDLEY, FL
TITLE	VP
NAME	PEREZ-STABLE, ALBERTO
STREET ADDRESS	1241 OKEECHOBEE RD BLDG A, STE 1
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-9-05 (561) 833-1660