## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P94000065793

## **FILED** Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90013 032 \*\*\*150.00

1. Entity Name ROBERTO PEREZ GROVES, INC.													
Principal Place of Business				Mailing Address				40063565					
18795 S.W. 216TH STREET MIAMI, FL 33170				18795 S.W. 216TH STREET Miami, FL 33170					•				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.			+-	Suite, Apt. #, etc.				02292008	Chg-P	CR2E0	34 (12/06)		
City & State				City & State				4. FEI Numbe 65-0530			_ <del>                                    </del>	plied For t Applicable	
Zip	Country			Zip Coun		try			of Status Desired		\$8.75 Add	itional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
PER 1112111							Name						
PEREZ, MARIA M 13775 S.W. 34TH STREET MIAMI, FL 33175						Street Ad	idress (i	P.O. Box Numbe	er is Not Acceptab	ole)			
						City				FL	Zip Code	<del></del>	
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													
FILI After Ma	E NOW!!! I ay 1, 2008	9. Election Campa Trust Fund Cont	-			.00 May Be ed to Fees		,	-				
10.		OFFICERS ANI	D DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	PT PERST PORERTO E			Delete		E					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, ROBERTO E 13775 S.W. 34TH STREET MIAMI, FL 33175					ET ADDRESS - ST-ZIP	_						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEREZ, MARIA M 13775 S.W. 34TH STREET MIAMI, FL 33175					E IE EET ADDRESS -ST-ZIP	Pin	ARIA 1755.	m. P W. 34	G1762 487.	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						107	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				□ Delete							☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attackment with an address, with all other like empowered.

SIGNATURE:

305-234-2741