



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000066343 1. Entity Name <b>PA-TIO GROVE, INC.</b>	
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Principal Place of Business 20555 S.W. 232 ST. MIAMI, FL 33170	Mailing Address P.O. BOX 330177 ATLANTIC BEACH, FL 32233 US
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0539248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LUNNY, GREGORY F  
 1301 RIVERPLACE BLVD  
 # 1500  
 JACKSONVILLE, FL 32207

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, PETER A 13612 MCQUEENS COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODERGUEZ, DELIA M 13612 MCQUEENS COURT JACKSONVILLE, FL 32225
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U00000673576  
 03/29/07-80035-001.150.00

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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 attachment with an address, with all other like empowered.

SIGNATURE: *Delia M. Roderiguez* 2/13/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #