2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026072

FILED Mar 07, 2005 Secretary of State

Entity Nai	me: GROVESC	QUARE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	ANTIC AVE BEACH, FL 3344	4 US	118 N.E. 16TH STRE DELRAY BEACH, FL		
Current Mailing Address:			New Mailing Address:		
118 NE 16 DELRAY E	ST BEACH, FL 3344	4 US			
FEI Number:	: 65-0590518	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
118 NE 16	ER, EDWARD TH ST BEACH, FL 3344	4 US			
	named entity su e of Florida.	bmits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
Election Car		Signature of Registered Ag	ent	Date	
	S AND DIRECTO	, ,	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
OI I IOLIK	S AND DIRECT	JNO.	ADDITIONOJOTIANO	DES TO STITISENS AND BINESTONS.	
Title:	P ()D		Title:	() Change () Addition	
Name: Address:	HEYDER, KENNE 6510 SW 57 ST	IH	Name: Address:		
City-St-Zip:	DAVIE, FL 33314		City-St-Zip:		
Oity Ot Zip.	<i>D</i> , ((12, 12, 000))		only of zip.		
Title:	VP ()D	elete	Title:	() Change () Addition	
Name:	GALLAGHER, ED		Name:		
Address:	118 NE 16 ST		Address:		
City-St-Zip:	DELRAY BEACH,	FL 33444	City-St-Zip:		
Title:	S ()D	elete	Title: S/T	(X) Change () Addition	
Name:	CATES, DAVID	Ciclo	Name: ANSEL, E		
Address:	1006 S.E. KITCHING COVE LANE		•	,	
City-St-Zip:	PORT ST. LUCIE,			OOD, FL 33019	
Title:	T (X) D	elete	Title:	() Change () Addition	
Name:	ANSEL, ERIC,	5.5.5	Name:	() Shange () / Manuall	
Address:	941 S. NORTHLA	KE DR	Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDWARD GALLAGHER VΡ 03/07/2005

HOLLYWOOD, FL 33019

City-St-Zip: