

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90226 032 ***150.00

DOCUMENT # P95000036542

1. Entity Name
GROVE AUTO SERVICES, INC.



Principal Place of Business
**195 BIRD RD
CORAL GABLES, FL 33146 US**

Mailing Address
**PO BOX 431305
MIAMI, FL 33243-1305 US**

4000 0101



2. Principal Place of Business

390 Bird Road

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 431305

Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL

City & State
Miami FL

4. FEI Number
65-0578782

Applied For
Not Applicable

Zip
33146

Country
Miami Dade

Zip
33243-1305

Country
Miami Dade

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

6. Name and Address of Current Registered Agent

**BRITO, ROSA I
16632 SW 91 TERR
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRITO, ANGEL M**
STREET ADDRESS **16632 SW 91 TER**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **BRITO, ROSA I**
STREET ADDRESS **16632 SW 91 TER**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Rosa I. Brito
Rosa I. BRITO,

President

4/19/05 (305) 445-3330
Date Daytime Phone