



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000041537</b> 1. Entity Name <b>M.M. GROVES INTERIORS, INC.</b>							
Principal Place of Business <b>216 CATALONIA AVE STE 100 CORAL GABLES, FL 33134 US</b>		Mailing Address <b>216 CATALONIA AVE STE 100 CORAL GABLES, FL 33134 US</b>					
<b>DO NOT WRITE IN THIS SPACE</b>							
							
		01292007    No Chg-P    CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number <b>65-0681061</b></td> <td style="padding: 2px; text-align: center;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </td> </tr> <tr> <td colspan="2" style="padding: 2px;">           5. Certificate of Status Desired    <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>		4. FEI Number <b>65-0681061</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
4. FEI Number <b>65-0681061</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  <b>GROVES, MARGARET M 1261 NORTH GREENWAY DRIVE CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
		UN0000647140 02/06/07-80060-013 158.75					
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>					
NAME	GROVES, MARGARET M.						
STREET ADDRESS	1261 N GREENWAY DR.						
CITY - ST - ZIP	CORAL GABLES, FL 33134						
TITLE	ST						
NAME	GROVES, GRAHAM						
STREET ADDRESS	1261 N. GREENWAY DR.						
CITY - ST - ZIP	CORAL GABLES, FL 33134						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
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.							
<b>SIGNATURE:</b> <i>Margaret M. Groves</i> <b>MARGARET M. GROVES</b>		Date <b>2.14.07</b> Daytime Phone # <b>305-442-7790</b>					