

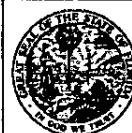
**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 11, 2008 8:00 am
Secretary of State**

02-11-2008 90063 042 ***150.00

DOCUMENT # P95000041537

1. Entity Name
M.M. GROVES INTERIORS, INC.



Principal Place of Business

216 CATALONIA AVE
STE 100
CORAL GABLES, FL 33134 US

Mailing Address

216 CATALONIA AVE
STE 100
CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #

2717 PONCE DE LEON BLVD.
Suite, Apt. #, etc.

3. Mailing Address

2717 PONCE DE LEON BLVD.
Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

US

Zip

33134

Country

US

02082008 Chg-P CR2E034 (12/06)

4002660000
4. FEI Number
65-0681061
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GROVES, MARGARET M
1261 N. GREENWAY DRIVE
CORAL GABLES, FL 33134**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE *P*
NAME *GROVES, MARGARET M.*
STREET ADDRESS *1261 N GREENWAY DR.*
CITY-ST-ZIP *CORAL GABLES, FL 33134*

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: *Margaret M. Groves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07 305-442-7790

Date

Daytime Phone #