

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90281 006 \*\*\*150.00

**DOCUMENT # P96000020448**

**1. Entity Name**  
**GROVE ONE APARTMENTS, INC.**



**Principal Place of Business**  
 3052 S.W. 27TH AVENUE  
 #101  
 MIAMI, FL 33133

**Mailing Address**  
 3052 S.W. 27TH AVENUE  
 #101  
 MIAMI, FL 33133

**14011545**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0781434	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

RENZI, PASQUALE  
 3052 S.W. 27TH AVENUE  
 #101  
 MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**

**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]* *[Signature]* \_\_\_\_\_  
Signature, type 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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	RENZI, PASQUALE
<b>STREET ADDRESS</b>	2642 NATOMA STREET
<b>CITY - ST - ZIP</b>	MIAMI, FL 33133
<b>TITLE</b>	D
<b>NAME</b>	RENZI, RENZO
<b>STREET ADDRESS</b>	201 CRANDON BLVD # 163
<b>CITY - ST - ZIP</b>	KEY BISCAYNE, FL 33149
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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]* Pasquale Renzi **4/26/04** **305 446 8807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #