

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90261 011 \*\*\*150.00

**20040640**



04182005 Chg-P CR2E034 (10/03)

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			
2. Principal Place of Business 2200 South Dixie Hwy Suite, Apt. #, etc. Suite 705		3. Mailing Address 2200 South Dixie Hwy Suite, Apt. #, etc. Suite 705			
City & State Coconut Grove, FL		City & State Coconut Grove, FL		4. FEI Number 65-0781434	
Zip 33133		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENZI, PASQUALE 3052 S.W. 27TH AVENUE #101 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name: Renzi Pasquale Street Address (P.O. Box Number is Not Acceptable): 2200 South Dixie Hwy Suite 705 City: Coconut Grove FL Zip Code: 33133			
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:  Pasquale Renzi DATE: 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENZI, PASQUALE 2642 NATOMA STREET MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renzi, Pasquale 7120 West Lago Drive Coral Gables, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENZI, RENZO 201 CRANDON BLVD # 163 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Pasquale Renzi		4/15/05 305-858-2286	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	