
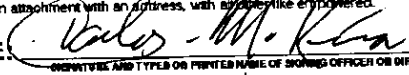


03-17-2003 91077 023 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9600061700			
1. Entity Name DIXIE GROVE INVESTMENT, CORP.			
Principal Place of Business 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134		Mailing Address 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business 2900 SW. 28 LN Suite, Apt. #, etc.		3. Mailing Address P.O. Box 347135 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Coral Gables, FL	
4. FEI Number 65-0682629		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUA, CARLOS 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Rua, Carlos Street Address (P.O. Box Number is Not Acceptable): 2401 Anderson Rd City: Coral Gables FL Zip Code: 33134	
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, title or printed name of registered agent and fee 2 applicable.</small>		<small>NOTE: Registered Agent's signature required when in State(s).</small>	
<input type="checkbox"/> 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	<input type="checkbox"/> Delete D RUA, CARLOS 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134	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 V.P CARLOS M. RUA 1235 Fisher Island Miami, FL 33109	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
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)(1), 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 affidavit, with appropriate empowerment.			
SIGNATURE: 		DATE _____	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SPONSORING OFFICER OR DIRECTOR</small>		<small>DATE DAY/HR PHONE #</small>	

90053528



CHECK HERE IF MAKING CHANGES

CR20034 (1/01/02)