

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000051908

1. Entity Name
GROVER INVESTMENTS II, INC.



Principal Place of Business
2203 NW 23 AVENUE
MIAMI, FL 33142

Mailing Address
2203 NW 23 AVENUE
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2006 08:00 AM
Secretary of State**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0861856	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

KINGCADE, TIMOTHY S ESQ.
KINGCADE BUILDING
1370 CORAL WAY
MIAMI, FL 33145-2944

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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, 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME DUARTE, PETER
STREET ADDRESS 2203 NW 23 AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE VPSD
NAME HUBLEY, GROVER
STREET ADDRESS 2203 NW 23 AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000541559
05/10/06-80061-021 150.00

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IN THIS SPACE**

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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-20-06 305-525-8843

Date

Daytime Phone #