2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P99000093750** 03-04-2005 90066 037 ***150.00 GROVE TRADING DEVELOPMENT, INC. みりひゃりりてよ Principal Place of Business Mailing Address 1113 S. MILITARY TRAIL 1113 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0956702 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HO, MEI YING Street Address (P.O. Box Number is Not Acceptable) 6212 NW 108TH WAY PARKLAND, FL 33076 City 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 rainstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition D TITLE TITI F ☐ Delete HO, MEI YING NAME STREET ADDRESS 6212 NW 108TH WAY STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33076 CITY-ST-ZIP ☐ Change Addition Ð Delete TITLE TITLE LY, TOUNG NAME NAME STREET ADDRESS STREET ADDRESS 1933 NE 53RD, COURT POMPANO BEACH, FL. 33064 CITY-ST-ZIP CITY-ST-ZIP D ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAU, PAUL NAMĚ NAME STREET ADDRESS 1113 S MILITARY TRAIL STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

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(954)946-8011

☐ Change

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☐ Addition

Addition

FILED Mar 04, 2005 8:00 am