


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111663
1. Entity Name
GROVE VILLAGE PROPERTIES, INC.



Principal Place of Business
**3936 MAIN HIGHWAY
COCONUT GROVE, FL 33133**

Mailing Address
**3936 MAIN HIGHWAY
COCONUT GROVE, FL 33133**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0973031** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KITTY, ROEDEL
4181 MALAGA AVE
COCONUT GROVE, 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 *Kitty Roedel* *KITTY ROEDEL, PRES* *1/27/06*
Signature, typed or printed name of registered agent and LLC 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES ROEDEL, KITTY 4181 MALAGA AVE MIAMI, FL 33133
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**DO NOT WRITE
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: *Kitty Roedel* *1/27/06* *305 648 000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #