


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S98870		
1. Entity Name GROVE CLEANERS & LAUNDRY, INC.		
Principal Place of Business 1806 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	Mailing Address 1806 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	

FILED
Jun 26, 2008 08:00 AM
Secretary of State



06192008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0310390	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

LOPEZ, MANUEL J
85 SHORE DRIVE W., BAY HEIGHTS
MIAMI, 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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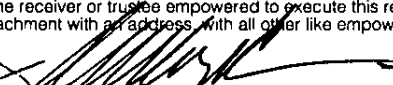
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MANUEL J 85 SHORE DRIVE W., BAY HEIGHTS MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ CASTRO, ALINA M 85 SHORE DRIVE W., BAY HEIGHTS MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LOPEZ CASTRO, ALINA M 85 SHORE DRIVE W., BAY HEIGHTS MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/26/08-80001-001 150.00

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:  **6019108 200.564 9007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #