

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # V19026 1. Entity Name MARY'S GROVE INCORPORATED	
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Principal Place of Business 18280 SW 264 ST HOMESTEAD, FL 33031	Mailing Address 18280 SW 264 ST HOMESTEAD, FL 33031
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03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0325353	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

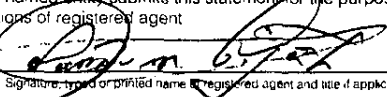
6. Name and Address of Current Registered Agent

**LOPEZ, ROLANDO M.
18280 SW 264 ST
HOMESTEAD, FL 33031**

**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



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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

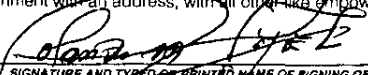
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, ROLANDO M. 18280 SW 264 ST HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOPEZ, MARIA J. 18280 SW 264 ST HOMESTEAD, FL
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12. I hereby certify that the information supplied with this filing 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

Date

Daytime Phone #