

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90367 032 ***150.00

DOCUMENT # M14003

1. Entity Name
GRACE PRODUCTIONS, INC.



Principal Place of Business

**454 NW 22 AVENUE
SUITE 209
MIAMI, FL 33125**

Mailing Address

**454 NW 22 AVENUE
SUITE 209
MIAMI, FL 33125**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2627057

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

**GRACIA, ANGEL
454 NW 22ND AVE
SUITE 209
MIAMI, FL 33125**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRACIA, ANGEL
STREET ADDRESS 454 NW 22ND AVE, SUITE 209
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME GRACIA-HIDALGO, ANGEL
STREET ADDRESS 454 NW 22ND AVE, SUITE 209
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME GRACIA, GRACIA
STREET ADDRESS 454 NW 22ND AVE, SUITE 209
CITY-ST-ZIP MIAMI, FL

TITLE TD
NAME ANABEL, GRACIA
STREET ADDRESS 454 NW 22ND AVE SUITE 209
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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.

SIGNATURE:

Gracia Hidalgo VD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 305-310-8756