


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M14003</b> 1. Entity Name GRACE PRODUCTIONS, INC.	
---	---

Principal Place of Business 8854 W. FLAGLER ST. 204 MIAMI, FL 33125	Mailing Address 454 NW 22 AVENUE SUITE 209 MIAMI, FL 33125
--	---

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2627057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRACIA, ANGEL  
8845 W. FLAGLER ST.  
STE 204  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

U00000944873  
05/29/08-80118-007 150.00

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:**  **04-30-08** **305-480-9523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #