04-28-2003 91295 009 ***150.00

Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M14003 1. Entity Name



GRACE F	PRODUC	TIONS, INC.						٠								
Principal Place of Business 454 NW 22 AVENUE SUITE 209 MIAMI FL 33125			454 I Suiti	Mailing Address 454 NW 22 AVENUE SUITE 209 MIAMI, FL 33125					. - .							
2. Principal P	Place of Busin	ness	3. Mai	ling Address]]						
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State			City	City & State				50-2627057							plied For	le
Zip	,	Country	Zip		Coun	try		5. Certificate	of Stat	tus Desire	ed ed				litional	
	6Name	and Address of Curren	t Registere	d Agent 💝 🐃	- ·			7." Name and	Addre	ess of Ne	w Reg	stered	Agent			-
						Name										
GRACIA,	ANGEL					Street Add	dress (P.	O. Box Numbe	er is No	t Accept	able)	. <u> </u>		-		
454 NW 2	22ND AVE								*							
SUITE 20	9					-										
MIAMI FL	33125				•	City						FL	Zi	p Code		
	named entit	ty submits this statement f tered agent.	or the purp	ose of changing its	registere	ed office or re	egistered	d agent, or bot	th, in th	e State o	f Florid	a. I am f	amilia	r with,	and accept	i
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	licable. (NOTE	: Registered	d Agent signature	required w	hen reinstating)				DATE				
<u> </u>	ELE NOW!					******						-				_
After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department (Campaig d Contrib		cing [May Be to Fees	
After	r May 1, 200	03 Fee will be \$550.00	of State	RS	11.		·		ıst Fun	d Contrib	oution.] 	Added	to Fees	
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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: