
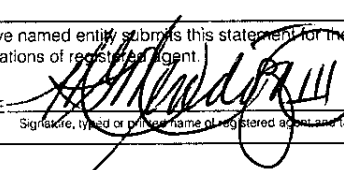
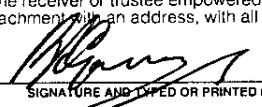


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90035 008 \*\*\*150.00

<b>DOCUMENT # P00000040758</b>					
<b>1. Entity Name</b> PETER GRACE POLO, INC.					
<b>Principal Place of Business</b> 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414			<b>Mailing Address</b> 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1001369	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MENDOZA, MARIO G III 127865 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414			Name <u>Mario G. de Mendoza, III, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Boulevard, Suite 1302 City <u>Wellington</u> FL Zip Code <u>33414</u>		
<b>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.</b>					
SIGNATURE: 			Mario G. de Mendoza, III		
(NOTE: Registered Agent signature required when reinstating)			DATE: <u>1/30/04</u>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GRACE, PETER R 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACE, ELISABETH M 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACE, PHILIPPA M 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACE, VICTORIA A 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACE, VICTORIA A 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
<b>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.</b>					
SIGNATURE: 			Peter R Grace, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>2/6/04</u> Daytime Phone #: <u>(561)333-3326</u>		