

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000040758

1. Entity Name
PETER GRACE POLO, INC.



Principal Place of Business
**12765 FOREST HILL BLVD
STE 1302
WEST PALM BEACH, FL 33414**

Mailing Address
**12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1001369

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE MENDOZA III, MARIO G PA
12765 FOREST HILL BLVD
STE 1302
WELLINGTON, FL 33414**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE AS
NAME DE MENDOZA, MARIO G III
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE DPTS
NAME GRACE, PETER R
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP
NAME GRACE, ELISABETH M
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP
NAME GRACE, PHILIPPA M
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP
NAME GRACE, VICTORIA A
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000650428
03/08/07-80013-009 150.00

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IN THIS SPACE**

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: X

Peter R. Grace, Pres. X

Date

Daytime Phone #

2/22/07.561.333.3326