



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000040758</b> 1. Entity Name <b>PETER GRACE POLO, INC.</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1001369</b>	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

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

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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 \_\_\_\_\_

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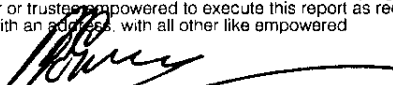
10. OFFICERS AND DIRECTORS

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	

U00000859252  
04/02/08-80014-021 150.00

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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:**   
Peter R. Grace, President

3/13/08 561 333.3326.

Date Daytime Phone #