


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000053393 1. Entity Name JUGRACE, INC.	
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Principal Place of Business 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149	Mailing Address 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P OR2E034 (10/03)

4. FEI Number 65-1107578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALVO, LIZABETH F 328 CRANDON BLVD. SUITE 226 KEY BISCAYNE, FL 33149
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JULIO 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRACCO, GRACIELA B 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000088430 03/15/04-80051-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Graciela B. Bracco Director 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #