


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**Feb 23,  
Seci**

<b>DOCUMENT # P01000053393</b>	
<b>1. Entity Name</b> JUGRACE, INC.	

<b>Principal Place of Business</b> 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149	<b>Mailing Address</b> 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149
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02132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

CALVO, LIZABETH F  
328 CRANDON BLVD.  
SUITE 228  
KEY BISCAYNE, FL 33149

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	U000000444508 03/07/06-80005-018 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JULIO 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BRACCO, GRACIELA B 151 CRANDON BLVD. APT. 445 KEY BISCAYNE, FL 33149
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_ **2/17/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #