Daytime Phone #

2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPOR	T (UBR)			
1. Entity Nam	MENT # Po 200	50106009		FILED		
GRAC	ETRANSPORT	ATION SERV.	Inc	例 9: 50		
Principal Plac	ce of Business	Mailing Address		AUROLOGICA STATE OF THE STATE O		
GR	ACE IRANSPO	RTATION SO	ERVICES IN	TALLAHASSEE.		
193	2 NE 7TR ST ERFIELD BE	#2	3441			
2. Principal F	Place of Business	3. Mailing Address				
/932 Suite, Apt.		Suite, Apt. #, etc.		HEINS AICMENT 03	_ 04	
B	た			CHECK HERE IF MAKING CHANGES		
City & Stat 266R	FIELD BCH	City & State			olied For Applicable	
Zip 33	441 Country U. S. A	Zip	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Current	Registered Agent —		7sNamo and Address of New Registered Agent	·	
FRI	ACIELA Dom	ez.	Name			
16	32 NETAS		Street Address (P.O. Box Number is Not Acceptable)			
7						
· 4	respected La	ach FG 334	141 City	FL Zip Code		
	named entity submits this statement to	r the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, a	nd accept	
SIGNATURE .	Succeila J	aud		•		
SIGNATORE.	Signature, yped or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature rec	uired when reinstating) DATE	,	
	ILE NOW!!! FEE IS \$150.00		•) Мау Ве	
	c Payable to Florida Department of			Trust Fund Contribution. Added t	to Fees	
TITLE 💯	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
NAME ^	GRACIELA GOI	Delete	TITLE NAME	∵ □ Change	Addition	
STREET ADDRESS	1932 NE 7 th 5	T#2	STREET ADDRESS CITY-ST-ZIP		` >	
TITLE	DEERFIELD B	each Freete 33	TITLE	00003038452 0 (hange	Addition	
NAME			NAME	03/12/0401051004 **300.00		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	A Carlotte		
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CITY-ST-ZIP		• 	CITY-ST-ZIP	* Cotto		
12. I hereby of indicated	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 info he same legal effect as if made under oath; that I am an officer or	ormation	
or the con	poration or the receiver or trustee empo or on an attachment with an address, y	wered to execute this report a	as required by Chapter	607, Florida Statutes; and that my name appears in Block 10 or B	Block 11 if	
	_ `//	71				

Division of Corporations 409 East Gaines St Tallahasse FL 33441 #102000106009

Dear Sir/Madam:

My name is Graciela Gomez owner of Grace Transportation Services, Inc with present address at 1932 NE 7th Street Suite # 2, Deerfield Beach Florida 33441. According to our conversation-by-phone-I²m-writing-to explain-why-I-did-not-file-the-annual-report-on-time. As I told you I was not aware that I have to file an annual report. I never received any correspondence from your organization advised me to do so. I just start my business on Year 2003. For that reason I'm sending you an annual report with payments for two years: 2003 and 2004.

Thank you very much for your collaboration in this matter.

Sincerely,

Gracialh Gamez