2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State DOCUMENT # P03000015487 1. Entity Name 07-13-2004 90001 019 ***150 00 GRACY'S GIFTS CORP. Principal Place of Business Mailing Address 13786 SW 152 ST 13786 SW 152 ST 54062082 MIAMI, FL 33177 MIAMI, FL 33177 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 71-0936727 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN Aenando L RONDOY, MARIA MRS. Street Address (P.O. Box Number is Not Acceptable) 9141 SW 156 CT MIAM!, FL 33196 Su) 156 Ct 9141 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bear in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition ARNAIDO L. MARTIN RONDOY, MARIA MRS. NAME NAME 9141 8, W 156 CT 9141 SW 156 CT STREET ADDRESS STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TID F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 agigness, with all other like empowered? 301.219617. tucu SIGNATURE:

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Jul 13, 2004 8:00 am

2004 FOR PROFIT CORPORATION ANNUAL REPORT



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G. Ne	me and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
RONDOY, MARIA	 ^	Name ARUMBO L- MARTIN							
9141 SW 156 CT	8	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33196		9141	7141-Su) 156 ct						
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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 Roride. Lam familier with, and accept									
the obligations of registered agent. Attutut OG -O I- O Y									
SIGNATURE Signature, typind or printed terms of unstanding separat and title if applicables (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$550,00 9. Election Campaign Financing \$5,00 May Be									
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12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), 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									
or the corporation of the receiver of trustee empowered to execute this report as required by Chapter 507, 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:					06-0	1.04.	301 - 209 - (4534	1
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Division of Corporations

Affachment-

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Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P03000015487

Tracking Number: 600035199686

The charge for your Annual Report is \$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

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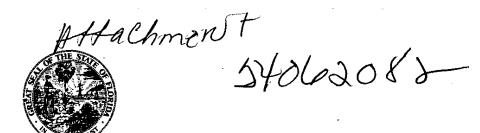
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11-2004

GRACY'S GIFTS CORP. 13786 SW 152 ST MIAMI, FL 33177

SUBJECT: GRACY'S GIFTS CORP. Ref. Number: P03000015487

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report <u>has not been filed</u> and a copy is being returned for the following:

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

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Letter Number: 504A00039708