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Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90003 016 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54057134

04082004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000059372

1. Entity Name
LA & GRACE, INC.

Principal Place of Business	Mailing Address
265 N.W. 41 WAY DEERFIELD BEACH, FL 33442	265 N.W. 41 WAY DEERFIELD BEACH, FL 33442

2. Principal Place of Business		3. Mailing Address	
1476 CORAL RIDGE DR		1476 CORAL RIDGE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CORAL SPRINGS, FL		City & State: CORAL SPRINGS, FL	
Zip: 33071	Country: USA	Zip: 33071	Country: USA

4. FEI Number: 20-0024561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~YU, CHANG-MING~~
~~265 N.W. 41 WAY~~
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name: YU, CHANG-MING
Street Address (P.O. Box Number is Not Acceptable): 1476 CORAL RIDGE DR
City: CORAL SPRINGS FL Zip Code: 33071

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: X [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. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T YU, CHANG-MING 265 N.W. 41 WAY DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~DPTS~~ ~~YU, CHANG-MING~~ ~~1476 CORAL RIDGE DR~~ ~~CORAL SPRINGS, FL 33071~~	~~☒ Change~~ ☐ Addition No Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: X [signature] 954-254-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #