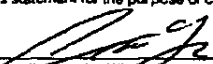


FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90003 016 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000059372		
1. Entity Name LA & GRACE, INC.		
Principal Place of Business 265 N.W. 41 WAY DEERFIELD BEACH, FL 33442		Mailing Address 265 N.W. 41 WAY DEERFIELD BEACH, FL 33442
2. Principal Place of Business 1476 CORAL RIDGE DR		3. Mailing Address 1476 CORAL RIDGE DR
State, 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
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
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 ☒  DATE _____ (NOTE: Registered Agent's signature required when reappointing)		
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		
TITLE	P/T	☐ Delete
NAME	YU, CHANG-MING	
STREET ADDRESS	265 N.W. 41 WAY	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☒ Change ☐ Addition	
NAME	YU, CHANG-MING	
STREET ADDRESS	1476 CORAL RIDGE DR	
CITY- ST- ZIP	CORAL SPRINGS, FL 33071	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 address, with all other like empowered.		
SIGNATURE: ☒  DATE 954-254-2811 SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		