

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108710

Entity Name: GRACE ESCALONA, P.A.

FILED  
May 02, 2005  
Secretary of State

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD PH 1110  
CORAL GABLES, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD PH 1110  
CORAL GABLES, FL 33334

**New Mailing Address:**

FEI Number: 20-0289603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIVES, GRACE  
2503 SW 27 AVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

VIVES, GRACE  
3191 CORAL WAY  
1008  
MIAMI, FL 33145 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/02/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESCALONA, GRACE  
Address: 999 PONCE DE LEON BLVD.,#1110  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE ESCALONA

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date