

**FOR PROFIT CORPORATION  
2006 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

ATX1

<b>DOCUMENT #</b>	P04000064040
<b>1. Entity Name</b>	
Gracia A Jesus Inc.	

06 MAR 16 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
14759 NE 6 Avenue		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
Miami, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33161			

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>	
83-0393567		Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Jeannette Lundi  
Street Address (P.O. Box Number is Not Acceptable)  
14759 NE 6 Avenue

City  
Miami **FL** Zip Code  
33161

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

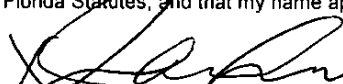
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b>	<b>P</b>	<b>TITLE</b>	
<b>NAME</b>	Jeannette Lundi	<b>NAME</b>	
<b>STREET ADDRESS</b>	14759 NE 6 Avenue	<b>STREET ADDRESS</b>	900068558389
<b>CITY-ST-ZIP</b>	Miami, FL 33161	<b>CITY-ST-ZIP</b>	03/24/06--01004--029 **150.00
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 Jeannette Lundi, Pres.

2/28/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #