

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90114 031 ***150.00

DOCUMENT # P04000119151

1. Entity Name
GRACE EDITORIAL, CORP.



Principal Place of Business
**3660 NE 18TH TERR STE 209
POMPANO BCH, FL 33064**

Mailing Address
**3660 NE 18TH TERR STE 209
POMPANO BCH, FL 33064**

50049620

2. Principal Place of Business

4301 N. FEDERAL HWY

3. Mailing Address

4301 N. FEDERAL HWY

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH

Zip
33064

Country

BROWARD

Zip
33064

Country

BROWARD

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1500293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**GOMES, GESIEL
4365 SW 10TH PL APT 105
DEERFIELD BCH, FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4301 N. FEDERAL HWY # 6

City

POMPANO BEACH FL

Zip Code

33064

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)

04/29/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SOARES, ROMILDO R
RUA FIRMINO DO AMARAL 675
FERGUESIA JACAREPAGUA RJ, 22745310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BEZERRA R SOARES, MARIA M
RUA FIRMINO DO AMARAL 675
FERGUESIA JACAREPAGUA RJ, 22745310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIBEIRO SOARES, DANIEL BEZERRA
6060 VILLAGE BEND DR APT 106
DALLAS, TX 75206** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIBEIRO SOARES, FILIPE BEZERRA
RUA TORRES DE OLIVEIRA 271
PIEDADE RIO DE JANEIRO RJ, 20740380** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**4301 N. FEDERAL HWY # 6
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05

DATE

Daytime Phone #