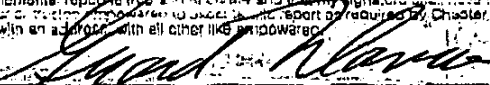


Apr-01-2005 10:43am From-

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90048 042 ***150.00

DOCUMENT # P04000143249			
1. Entity Name GRACE SUPPLY, INC.			
Principal Place of Business 1402 SW 45 WAY DEERFIELD BEACH, FL 33442		Mailing Address 1402 SW 45 WAY DEERFIELD BEACH, FL 33442	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FSI Number 77-0649375		Applied To Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAVERA, GERARD 1402 SW 45 WAY DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, type or printed name of registered agent and the fee applicable. (NOT F. Registered Agent signs are required when retaining) 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			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CARVERA, GERARD 1402 SW 45 WAY DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Cavera Gerard 1402 SW 45 Way Deerfield Beach, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 118.07(3)(a), Florida Statute. I further certify that the information was indicated on this report or supplemental report is true and accurate and my signature will have the same legal effect as if made under oath; that I am an officer or director of the corporation or the individual or partnership, firm or association, and report as required by Chapter 807, Florida Statute; 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:  April 2/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			