


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 041 ***150.00

DOCUMENT # P05000054766			
1. Entity Name GRACIA'S STERLING SILVER, INC.			
Principal Place of Business 5813 NW 54 CIRCLE CORAL SPRINGS FL 33607		Mailing Address 5813 NW 54 CIRCLE CORAL SPRINGS FL 33607	
2. Principal Place of Business - No P.O. Box 3911 Job Road		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Green ACRES FL		City & State AS ABOVE	
Zip 33467		Zip ABOVE	
Country FLA Beach		Country ABOVE	
6. Name and Address of Current Registered Agent SUH, NAM 5813 NW 54 CIRCLE CORAL SPRINGS FL 33607		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SUH, NAM 5813 NW 54 CIRCLE CORAL SPRINGS FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2/9/07 DAYTIME PHONE 772-592-1714