

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127058

Entity Name: GRACE ESPINOZA, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

1225 E. 131ST AVE.
UNIT C
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

36504 THOMAS JEFFERSON RD.
DADE CITY, FL 33525

New Mailing Address:

36504 THOMAS JEFFERSON RD.
DADE CITY, FL 33525 US

FEI Number: 04-3826705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESPINOZA, GRACE
36504 THOMAS JEFFERSON RD.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPINOZA, GRACE
Address: 36504 THOMAS JEFFERSON RD.
City-St-Zip: DADE CITY, FL 33525

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESPINOZA, GRACE PRES
Address: 36504 THOMAS JEFFERSON RD.
City-St-Zip: DADE CITY, FL 33525 US

Title: VP () Change (X) Addition
Name: RODRIGUEZ, JUAN J V. PRES
Address: 36504 THOMAS JEFFERSON ROAD
City-St-Zip: DADE CITY, FL 33525 US

Title: SEC () Change (X) Addition
Name: RODRIGUEZ, SAUL SECRETA
Address: 36504 THOMAS JEFFERSON ROAD
City-St-Zip: DADE CITY, FL 33525 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 ESPINOZA

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date