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Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90353 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026569

1. Entity Name
GRACE ATLANTIC ADMISSIONS, INC.

Principal Place of Business	Mailing Address
23123 STATE RD 7 #3000 BOCA RATON, FL 33428 US	23123 STATE RD 7 #3000 BOCA RATON, FL 33428 US

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20283 State Road 7	20283 State Road 7
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: 400
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. FEI Number: 65-0919834 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUDEN, SARAH
23123 STATE RD 7 20283 State Road 7
#3000 Suite 400
BOCA RATON, FL 33428 Boca Raton, FL 33498

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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: DV NAME: LOUDEN, SYLVANIE STREET ADDRESS: 10231 FANFARE DR. CITY-ST-ZIP: BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DS NAME: LOUDEN, SARA STREET ADDRESS: 4824 NW 19TH STREET CITY-ST-ZIP: COCONUT CREEK, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS: 10231 Fanfare Drive CITY-ST-ZIP: Boca Raton, FL 33498	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: Sylvanie Louden 4/28/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #