

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157011

FILED
Apr 19, 2004
Secretary of State

Entity Name: GRACE FOODS (USA) INC.

Current Principal Place of Business:

6205 BLUE LAGOON DRIVE
210
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6205 BLUE LAGOON DRIVE
210
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-0545851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOLOMON, GREGORY
6205 BLUE LAGOON DRIVE
210
MIAMI, FL 33126 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, D () Delete
Name: SOLOMON, GREGORY
Address: 6205 BLUE LAGOON DRIVE, SUITE 210
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: BURTON, ERWIN
Address: 73 HARBOUR STREET
City-St-Zip: KINGSTON, KN 0 JA

Title: D () Delete
Name: DENTON, MAUREEN
Address: 12 CELTIC WAY
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: VP () Delete
Name: REKORD, DERRICK
Address: 6205 BLUE LAGOON DRIVE, SUITE 210
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY SOLOMON

D

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date