

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000157011

**Entity Name:** GRACE FOODS (USA) INC.

**Current Principal Place of Business:**

9151 NW 97TH TERRACE  
MEDLEY, FL 33178

**Current Mailing Address:**

9151 NW 97TH TERRACE  
MEDLEY, FL 33178 US

**FEI Number:** 20-0545851

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, PAUL  
9151 NW 97TH TERRACE  
MEDLEY, FL 33178 US

*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

**Officer/Director Detail :**

Title CFO  
Name LYN, OSWALD  
Address 230 MOONACHIE AVENUE  
City-State-Zip: MOONACHIE NJ 07074

Title DIRECTOR  
Name WEHBY, DON  
Address 73 HARBOUR STREET  
City-State-Zip: KINGSTON JAMAICA

Title SECRETARY  
Name SMITH, PAUL  
Address 230 MOONACHIE AVE  
City-State-Zip: MOONACHIE NJ 07074

Title D  
Name JAMES, FRANK  
Address 73 HARBOUR STREET  
City-State-Zip: KINGSTON JAMAICA

Title D  
Name MOSS-SOLOMON, GAIL  
Address 73 HARBOUR STREET  
City-State-Zip: KINGSTON JAMAICA

Title D  
Name MESSADO, ANDREW  
Address 73 HARBOUR STREET  
City-State-Zip: KINGSTON JAMAICA

*I hereby 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 all other like empowered.*

**SIGNATURE:** SMITH , PAUL

**SECRETARY**

**02/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date