

**2016 FLORIDA PROFIT CORPORATION AMENDED 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 JORDAN, GAVIN  
Address 230 MOONACHIE AVENUE  
City-State-Zip: MOONACHIE NJ 07074

Title D  
Name DENTON, MAUREEN  
Address 12 CELTIC WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title D  
Name CASTRO, DEIGO  
Address 10403 NW 5TH STREET  
City-State-Zip: PLANTATION FL 33324

Title D  
Name RANGLIN, MICHAEL  
Address 73 HARBOUR STREET  
City-State-Zip: KINGSTON JAMAICA

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 DIRECTOR  
Name MACK, RYAN  
Address 230 MOONACHIE AVENUE  
City-State-Zip: MOONACHIE NJ 07074

*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:** PAUL SMITH

10/16/2016

Electronic Signature of Signing Officer/Director Detail

Date