

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003596

FILED
Apr 20, 2005
Secretary of State

Entity Name: GRACE KENNEDY REMITTANCE SERVICES (USA) INC.

Current Principal Place of Business:

887 UTICA AVE.
BROOKLYN, NY 11203

New Principal Place of Business:

Current Mailing Address:

C/O DAVID B. NEWMAN, ESQ
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

New Mailing Address:

FEI Number: 01-0673085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: GOLDSON, BRIAN
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

Title: VCVP () Delete
Name: POWELL, JUAN MARIE
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

Title: D () Delete
Name: ALEXANDER, EDWARD
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

Title: S () Delete
Name: NEWMAN, DAVID B
Address: 1221 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

Title: T () Delete
Name: THOMPSON, DESMOND
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCVP (X) Change () Addition
Name: POWELL, JOAN-MARIE
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

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

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

Title: D (X) Change () Addition
Name: ORANE, DOUGLAS
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

Title: D () Change (X) Addition
Name: WEHBY, DONALD
Address: 887 UTICA AVE.
City-St-Zip: BROOKLYN, NY 11203

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: JOAN-MARIE POWELL

D

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date