

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F28288

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: GRACE KENNEDY (U.S.A.) INC.

## Current Principal Place of Business:

6205 BLUE LAGOON DRIVE  
SUITE 210  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

6205 BLUE LAGOON DRIVE  
SUITE 210  
MIAMI, FL 33126 US

## New Mailing Address:

FEI Number: 59-2373079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FOWLER, WHITE  
100 SE 2ND STREET  
17TH FLOOR  
MIAMI, FL 33131 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: DCP ( ) Delete  
Name: ALEXANDER, EDWARD  
Address: 6205 BLUE LAGOON DRIVE SUITE 210  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: WEHBY, DONALD  
Address: 73 HARBOUR STREET  
City-St-Zip: KINSTON, JA

Title: D ( ) Delete  
Name: MILLS, DONALD  
Address: 73 HARBOUR STREET  
City-St-Zip: KINGSTON, JA

Title: D ( ) Delete  
Name: GOLDSON, BRIAN  
Address: 19-21 KNUTSFORD BLVD KINGSTON 5  
City-St-Zip: JAMAICA WEST INDIES,

Title: S ( ) Delete  
Name: VAN WHERVIN, ANDREW  
Address: 39-41 SECOND STREET  
City-St-Zip: KINGSTON, JA

Title: V ( ) Delete  
Name: SOLOMON, GREGORY  
Address: 5255 NW 95TH AVE.  
City-St-Zip: CORAL SPRINGS, FL 33076

## 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:

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

V

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date