2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P01000068795

Entity Name: GRACE KENNEDY FINANCIAL SERVICES (USA), 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: 65-1153691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER (LAD)
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:	D	( ) Delete
Name:	ORANE, DOUGLAS	
Address:	2E ARCARDIA DR	
City-St-Zip:	KINGSTON 8, JAMAICA,	
Title:	D	( ) Delete
Name:	SOLOMON, GREGORY	
Address:	10841 NW 12TH PLACE	
City-St-Zip:	FORT LAUDERDALE, FL 33322	
Title:	D	( ) Delete
Name:	ALEXANDER, EDWARD	
Address:	827 NANDINA DR	
City-St-Zip:	WESTON, FL 33327	
Title:	D	( ) Delete
Name:	WEHBY, DONALD	
Address:	1 OAKRIDGE DR	
City-St-Zip:	KINGSTON8, JAMIACA,	
Title:	D	( ) Delete
Name:	BARCLAY, PAULA	
Address:	4 OLIVER MEWS	
City-St-Zip:	KINGSTON8, JAMAICA,	
Title:	OM	( ) Delete
Name:	SMITH, PAUL	
Address:	16337 SW 66TH STREET	
City-St-Zip:	MIAMI, FL 33193	

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: PAUL SMITH O 04/19/2004

Electronic Signature of Signing Officer or Director Date