

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068795

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: GRACEKENNEDY FINANCIAL SERVICES (USA) INC.

## Current Principal Place of Business:

3550 SW 148TH AVENUE  
SUITE 110  
MIRAMAR, FL 33027 US

## New Principal Place of Business:

## Current Mailing Address:

3350 SW 148TH AVENUE  
SUITE 110  
MIRAMAR, FL 33027 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: TAFPE, JOSEPH  
Address: 26 BELMONT ROAD  
City-St-Zip: KINGSTON, JA JAMAICA

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

Title: D ( ) Delete  
Name: ALEXANDER, EDWARD  
Address: 827 NANDINA DR  
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete  
Name: BARCLAY, PAULA  
Address: 4 OLIVER MEWS  
City-St-Zip: KINGSTON, JA 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

OM

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date