2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115432

Entity Name: GRENADA-AMERICAN CHAMBER OF COMMERCE, INC.

FILED Mar 14, 2004 Secretary of State

 2900 GLADES CIRCLE
 201 S. BISCAYNE BLVD

 SUITE A-575
 SUITE 2800

 WESTON, FL 33327
 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

 2900 GLADES CIRCLE
 201 S. BISCAYNE BLVD

 SUITE A-575
 SUITE 2800

 WESTON, FL 33327
 MIAMI, FL 33131

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIXON, RICHARD A
2900 GLADES CIRCLE
SUITE A-575
WESTON, FL 33327 US
NIXON, RICHARD A
201 S. BISCAYNE BLVD
SUITE 2800
MIAMI, FL 33131 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: RICHARD A. NIXON 03/14/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

2900 GLADES CIRCLE, SUITE A-575

WESTON, FL 33327 US

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T () Delete Title: P, T (X) Change () Addition Name: NIXON, RICHARD A Name: NIXON, RICHARD A Address: 2900 GLADES CIRCLE, SUITE A-575 Address: 201 S. BISAYNE, SUITE 2800

City-St-Zip: WESTON, FL 33327 US City-St-Zip: MIAMI, FL 33131 US

Oity-36-21p. WESTON, TE 33327 03

Title: VP () Delete Title: VP (X) Change () Addition Name: ANTOINE. DENNIS G Name: SEEPERSAD. NEIL R

Address: 2900 GLADES CIRCLE, SUITE A-575 Address: 201 S. BISCAYNE BLVD, SUITE 2800

City-St-Zip: WESTON, FL 33327 US City-St-Zip: MIAMI, FL 33131 US

Title: S () Delete Title: S (X) Change () Addition Name: VISSCHER, NANTJE R Name: VISSCHER, NANTJE R

Address: 2900 GLADES CIRCLE, SUITE A-575 Address: 201 S. BISCAYNE BLVD, SUIE 2800

City-St-Zip: WESTON, FL 33327 US City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete Title: () Change () Addition Name: ANTOINE, GEORGE Name:

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: RICHARD A. NIXON P 03/14/2004