
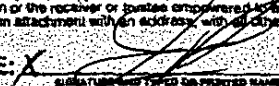


**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90192 038 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P02000066961</b>			
1. Entity Name <b>JADE WATER GROUP, INC.</b>			
Principal Place of Business 7166 HW 30 ST. MIAMI, FL 33166		Mailing Address 7166 HW 30 ST. MIAMI, FL 33166	
2. Principal Place of Business 2999 NE 191st St Suite 404 City & State Aventura FL Zip 33180 County USA		3. Mailing Address 2999 NE 191st Street Suite 404 City & State Aventura FL Zip 33180 County USA	
4. FEI Number 04-3688364		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RAPPORT, STEPHEN R</b> 201 ALHAMBRA CIRCLE, STE 711 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents.			
SIGNATURE _____ DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$450.00		9. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAM, LUIS FERNANDO	NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 711	STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES, FL 33134	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Book 10 or Book 11 if changed, or on an attachment with an address, with or without the empowered.			
SIGNATURE: 		06/14/04 305 893 2811	