

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/24/2005-90056-017-\$150.00-\$150.00

DOCUMENT # P02000066961
 1. Entity Name
JADE WATER GROUP, INC.



FILED
 05 SEP 19 AM 8:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **2999 NE 191ST ST SUITE 404 AVENTURA, FL 33180**
 Mailing Address: **2999 NE 191ST ST SUITE 404 AVENTURA, FL 33180**



07052005 No Chg-P CR2E034 (10/03)

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4. FEI Number: **04-3888364** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RAPPORT, STEPHEN R
 201 ALHAMBRA CIRCLE, STE 711
 CORAL GABLES, FL 33134**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when changing) DATE: _____

FILE NOW! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAM, LUIS FERNANDO
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE 711
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

T. Roberts SEP 2 2005

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with approval of the empowered.

SIGNATURE: _____ *9/5/05* **305 933 2811**
SIGNATURE AND ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Change Fees