
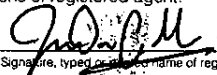
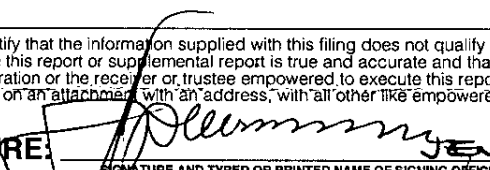


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90456 042 \*\*\*158.75

DOCUMENT # P03000068841			
1. Entity Name 42 JADE INC.			
Principal Place of Business 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131	
2. Principal Place of Business 141 NE 3rd AVE		3. Mailing Address 141 NE 3rd AVE	
Suite, Apt. #, etc. 1100		Suite, Apt. #, etc. 1100	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33132 Country US		Zip 33132 Country U.S.	
4. FEI Number 03-0522266		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRUJILLO, JUAN J 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: JUAN DIEGO CALLE Street Address (P.O. Box Number is Not Acceptable): 141 NE 3rd AVENUE SUITE 1100 City: MIAMI FL Zip Code: 33132	
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:  Juan D. Calle DATE: 4/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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: D NAME: CALLE, ROSA H STREET ADDRESS: 701 BRICKELL AVE., SUITE 1480 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: DV TREASURER NAME: CALLE, ROSA H STREET ADDRESS: 141 NE 3rd AVE SUITE 1100 CITY-ST-ZIP: MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CALLE, ANA M STREET ADDRESS: 701 BRICKELL AVE., SUITE 1480 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: DV NAME: CALLE, ANA M. STREET ADDRESS: 141 NE 3rd AVE SUITE 1100 CITY-ST-ZIP: MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CALLE, JENARO M STREET ADDRESS: 701 BRICKELL AVE., SUITE 1480 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: DPS NAME: CALLE, JENARO STREET ADDRESS: 141 NE 3rd AVE SUITE 1100 CITY-ST-ZIP: MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  JENARO CALLE		Date: 4/8/04 Daytime Phone #: 305.372.0075	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	