

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44910

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: JADE HOUSE OF LIGHTHOUSE POINT, INC.

**Current Principal Place of Business:**

22620 BLUE FIN TRAIL  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

22620 BLUE FIN TRAIL  
BOCA RATON, FL 33428

**New Mailing Address:**

23213, OLD INLET BRIDGE DRIVE  
BOCA RATON, FL 33433

FEI Number: 65-0340743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAM, JOHN  
22620 BLUE FIN TRAIL  
BOCA RATON, FL 33428 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: VD ( ) Delete  
Name: WU, RITA  
Address: 4925 COCONUT CREEK PKWY  
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD ( ) Delete  
Name: CHENG, TINA  
Address: 23213 OLD INLET BRIDGE DR  
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete  
Name: LAM, JOHN  
Address: 22620 BLUE FIN TRAIL  
City-St-Zip: BOCA RATON, FL 33428

**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:

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: JOHN LAM

P

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date