

2007 LIMITED LIABILITY COMPANY

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90078 018 ****55.00

DOCUMENT # L03000017221

1. Entity Name
JADE TRANSLATIONS, LLC

Principal Place of Business
 2050 CORAL WAY
 SUITE 517, 5TH FL
 MIAMI, FL 33145

Mailing Address
 2050 CORAL WAY
 SUITE 517, 5TH FL
 MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #
 2520 SW 22nd Street

3. Mailing Address
 2520 SW 22nd Street

Suite, Apt. #, etc.
 Suite 2 #315

Suite, Apt. #, etc.
 Suite 2 #315

City & State
 MIAMI, FL

City & State
 Miami, FL

Zip
 33145

Country

Zip 33145

Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 56-2392727

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

DE RUYVER, JANINE
 2520 SW 22nd Street, suite 2 #315
 MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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 reinstating)

DATE **4/23/07**

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE RUYVER, JANINE 2050 CORAL WAY, SUITE 517 MIAMI, FL 33145	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Janine De Ruyver 2520 SW 22 nd Street - Suite 2 #315 Miami, FL 33145	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Janine De Ruyver**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date April 23, 2007

Daytime Phone 8305-332 7302