## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000107723

1. Entity Name
JADE FILMS, INC.

FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business

1508 PENNSYLVANIA AVE

SUITE 4

MIAMI BEACH, FL 33139

Mailing Address

1508 PENNSYLVANIA AVE

SUITE 4

MIAMI BEACH, FL 33139



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-3777774

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEJAR, JOYCELYN 1508 PENNSYLVANIA AVE SUITE 4 MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

			}		
the obligat	named entity submits this statement for the puicns of registered agent.	rpose of changing its registe	ered office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable. (NOTE, Registe	ered Agent signature	required when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECT	TORS		······································	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	PTSD BEJAR, JOYCELYN 1508 PENNSYLVANIA AVE, STE 4 MIAMI BEACH, FL 33139				U00000003446 01/13/04-80057-007 158.75
TITLE VAME Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		···		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE Name Street Address City-St-Zip					
TITLE NAME		<u> </u>			

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 repeiver 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:

STREET ADDRESS CITY-ST-ZIP

MAND TYPED ON PRINTED HAME OF STORING OFFICER ON DIRECTOR

Jan 7,7000

(305)672-0279