




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 010 ***150.00

DOCUMENT # P02000026340			
1. Entity Name RESTAURANT JADE, INC.			
Principal Place of Business 246 NE 6TH AVE DELRAY BEACH, FL 33483		Mailing Address 246 NE 6TH AVE DELRAY BEACH, FL 33483	
2. Principal Place of Business 6023 LELAC ROAD Suite, Apt. #, etc.		3. Mailing Address 6023 LELAC ROAD Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33496	Country Palm Beach	Zip 33496	Country Palm Beach
6. Name and Address of Current Registered Agent PETERS, IRWIN 246 NE 6TH AVE DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name: BRIAN C. TAMONEY, CPA Street Address (P.O. Box Number is Not Acceptable): 2200 N. FEDERAL HWY #228 City: Boca Raton FL Zip Code: 33431	
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: 		DATE: 4-17-04	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, IRWIN 246 NE 6TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6023 LELAC ROAD Boca Raton, FL 33496
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
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
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
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
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: 		DATE: 4-17-04 Daytime Phone #: 761-338-5080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	