2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P02000026340 1. Entity Name RESTAURANT JADE, INC.					02-22-2005 90021 044 ***150.00			
Principal Place of Business Mailing Address 6023 LELAC ROAD 6023 LELAC ROAD BOCA RATON, FL 33496 BOCA RATON, FL 33496					A LEGARATE I M	88NZ IISN 48NN 89NN 89NN	BESSE SIERE BIJEE SIJN BIEN RE	(/(48) () (87)
2. Principal Pi	ace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)	•
City & State		City & State	City & State		4. FEI Numb 43-195			oplied For ot Applicable
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent					
TAMONEY, BRIAN C CPA 2200 N FEDERAL HWY				Street Address (P.O. Bo) Number is Not Acceptable)				
# 228 BOCA RAT	TON, FL 33431			6043	LIL	AC RO		
1				City Ro	cx R.	atom.	FL ^{zi} gy	'YS&
8. The above named entity submissing 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 age in the contract of the contr								
SIGNATURE Signature, typod or printed have of registed agent and title applicable. (NOTE: Registered Agent s					t when reinstation)		DATE	
	Signature, typed or printed risase or registal ed age	z wien remstaling)		DATE				
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	ICERS AND DIRECTOR	IS IN 11
TITLE				:			☐ Change	☐ Addition
NAME STREET ADDRESS	PETERS, IRWIN 6023 LELAC ROAD		NAME	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33496	City-st-Zip		· I				
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
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CTTY-ST-ZIP			CITY-	-SI-ZIP				
TITLE		☐ Delete	TITLE	I			☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				Ì
TITLE		☐ Delete	TITLE	 :			☐ Change	Addition
NAME	1 . 1	4	NAM	l l			-	
STREET ADDRESS	1	N .		ET ADDRESS				
CITY-ST-ZIP	agetite that the information and	ith this Mida has not quetter 4		-SI-ZIP	netion 110.07/2	Vi) Florido Statutos	I further pertitu that the	intermetion
12. I hereby certify that the information supplied with this firing these 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 supplied that I am an officer or director of the corporation or the receiver at 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 the address, with all other like empowered.								
changed, or on an attachment with an address, with all otherwise empowered.								
2-16-65								

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR