29-MAR-2005 09:55 DE:LINEA EAN S.L. 937122157
: By: Delacruz & Cutler, Attorneys ; 3054457750; Mar-28 4/1

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Apr 18, 2005 8:00 am
Secretary of State
04-01-2005 90007 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044175

1. Entity Name
JADE 3009 CORPORATION

66010901

Principal Place of Business
2 ALHAMBRA PLAZA, PENTHOUSE 2C
CORAL GABLES, FL 33134 US

Mailing Address
2 ALHAMBRA PLAZA, PENTHOUSE 2C
CORAL GABLES, FL 33134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

03282005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1789648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE LA CRUZ & CUTLER, LLP
2 ALHAMBRA PLAZA, PENTHOUSE 2C
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

9. OFFICERS AND DIRECTORS			10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD NAVINES, FRANCISCO B C/ANSELMO TURMEDA 13, 08208 SABADELL-BARCELONA-SPAIN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 all other like empowered.

SIGNATURE: ______ 3/29/05 305-446-0100
Signature and Typed or Printed Name of Signing Officer or Director | Date | Daytime Phone #