

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

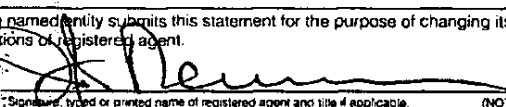
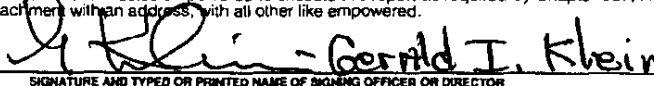
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MOORE CR2E034 (11/03)

11-3719072

DOCUMENT # P02000061706			
1. Entity Name JADE COLLECTION, INC.			
Principal Place of Business 2200 NW 32ND ST STE 1200 POMPANO BCH FL 33069		Mailing Address 2200 NW 32ND ST STE 1200 POMPANO BCH FL 33069	
2. Principal Place of Business 1600 S. Federal Hwy Suite, Apt. #, etc. Suite 350		3. Mailing Address PO Box 667126 Suite, Apt. #, etc.	
City & State Pompano Bch, FL		City & State Pompano Beach, FL	
Zip 33062	Country USA	Zip 33062	Country USA
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLOCK, KENNETH S 2101 NW CORPORATE BLVD STE 414 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Irwin J. Newman Street Address (P.O. Box Number is Not Acceptable) 1600 S. Federal Hwy #350 City Pompano Beach FL Zip Code 33062	
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 4/26/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, GERALD I. 2200 NW 32ND ST. #1200 POMPANO BEACH FL 33069 ☐ 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	President Irwin J. Newman 1515 Parkside Circle So Boca Raton, FL 33486 ☐ 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
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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:  Gerald I. Klein		Date 4/26/04 (954) 818-3058	