

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000061706

1. Entity Name
JADE COLLECTION, INC.



Principal Place of Business
**1600 S FEDERAL HWY
STE 350
POMPANO BEACH FL 33062**

Mailing Address
**P.O. BOX 667126
POMPANO BEACH FL 33062**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
11-3719072

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEWIN & NEWMAN
1600 S FEDERAL HWY
350
POMPANO BEACH FL 33062**

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

(Signature, Typed or Printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ☐ Delete
NAME **T KLEIN, GERALD I**
STREET ADDRESS **2200 NW 32ND ST. #1200**
CITY, ST, ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME **000000199862**
STREET ADDRESS **01/28/05-80002-012 158.75**
CITY, ST, ZIP

P ☐ Delete
NAME **NEWMAN, IRWIN J**
STREET ADDRESS **1515 PARKSIDE CIRCLE SO**
CITY, ST, ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Irwin J. Newman **IRWIN J. NEWMAN** 1/25/05 (954) 786-0007