

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

<b>DOCUMENT #</b>	P02000106451
<b>1. Entity Name</b>	JADESSA.COMM, INC.

03 APR 14 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
3300 NE 192 STREET, BAYCLUB 1		3300 NE 192 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
517		517	
City & State		City & State	
AVENTURA, FL		AVENTURA, FL	
Zip	Country	Zip	Country
33180	USA	33180	USA

04/14/03 90113 017 \$150.00  
DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b>		<b>Applied For</b>
		14-1849915		<b>Not Applicable</b>
		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required
		<b>7. Name and Address of Current Registered Agent</b>		
		-Name-		
		DIXON ALEXANDRE		
		Street Address (P.O. Box Number is Not Acceptable)		
		2800 W OAKLAND PARK BLVD, #107		
		City	FL	Zip Code
		OAKLAND PARK		33311

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	<b>9. Election Campaign Financing</b>
Make Check Payable to Florida Department of State	Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHANTAL LECLERC 3300 NE 192 ST, BAYCLUB 1 #517 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Document was Filed under Wrong document #
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corrected 4/29/04.
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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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <i>Chantal Leclerc</i>	CHANTAL LECLERC	4/11/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #