

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # P02000133556

1. Entity Name

JADE, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 PM 2:56

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2. Principal Place of Business - No P.O. Box #

34 NW - 11 Street

Suite, Apt. #, etc.

3. Mailing Address

34 NW - 11 Street

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

Miami, Florida

Zip 33136

Country USA

City & State

Miami, Florida

Zip 33136

Country USA

4. FEI Number

364554208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Alla Maze

Street Address (P.O. Box Number is Not Acceptable)

34 NW - 11 Street

City

Miami

FL

Zip Code

33136

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

Alla Maze

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 Fee
Added to Fee

112030052

11/06/07--01016--003 **61.25

10. OFFICERS AND DIRECTORS

TITLE P, VP, D.S
NAME Alla Maze
STREET ADDRESS 34 NW - 11 Street
CITY-ST-ZIP Miami FL 33136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Alla Maze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/07

Daytime Phone #