


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90456 042 ***158.75

DOCUMENT # P03000068841	
1. Entity Name 42 JADE INC.	

Principal Place of Business 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131
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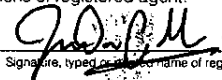
2. Principal Place of Business 141 NE 3rd AVE Suite, Apt. #, etc. 1100	3. Mailing Address 141 NE 3rd AVE Suite, Apt. #, etc. 1100
City & State MIAMI FL	City & State MIAMI FL
Zip 33132	Country U.S.



04062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent TRUJILLO, JUAN J 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name JUAN DIEGO CALLE Street Address (P.O. Box Number is Not Acceptable) 141 NE 3rd AVENUE SUITE 1100 City MIAMI FL Zip Code 33132	
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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  Juan D. Calle DATE 4/8/04 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLE, ROSA H 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TREASURER CALLE, ROSA H 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLE, ANA M 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALLE, ANA M 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLE, JENARO M 701 BRICKELL AVE., SUITE 1480 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CALLE, JENARO 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE  JENARO CALLE	4/8/04	305.372.0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		