


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 025 ***550.00

DOCUMENT # P04000041218			
1. Entity Name JADES TRUCKING CO., INC.			
Principal Place of Business 1600 N.W. 5TH STREET BOCA RATON, FL 33486		Mailing Address 1600 N.W. 5TH STREET BOCA RATON, FL 33486	
2. Principal Place of Business <i>1612 NW 5 Street</i>		3. Mailing Address <i>1612 NW 5 Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>	
Zip <i>33486</i>	Country <i>USA</i>	Zip <i>33486</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent ESTEVEZ, JOHN 1600 N.W. 5TH STREET BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1612 NW 5 Street</i> City <i>Boca Raton</i> FL Zip Code <i>33486</i>	
4. FEI Number <i>84-1639627</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ESTEVEZ, JOHN 1600 N.W. 5TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1612 NW 5 Street Boca Raton, FL 33486</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>T Sylvia Estevez 1612 NW 5 Street Boca Raton, FL 33486</i>
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
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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.			
SIGNATURE: <i>Sylvia Estevez</i>		Date: <i>7-8-05</i> Daytime Phone #: <i>561-846-6661</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			