

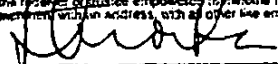
FROM :

FAX NO. :

FILED
Jun 20, 2005 8:00 am
Secretary of State

05-04-2005 90189 021 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000134465			
1. Entity Name JADENT INC.			
Principal Place of Business 3945 SW 92 AVENUE MIAMI, FL 33165		Mailing Address 3945 SW 92 AVENUE MIAMI, FL 33165	
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 20-2026256		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AROCHA, JOSEFINA 420 NE 87 STREET EL PORTAL, FL 33138		7. Name and Address of New Registered Agent 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, as both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, name of or name of the registered agent and date of application. (P.O. Box Number is Not Acceptable)			
FILE NOW!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-CP	P AROCHA, JOSEFINA 420 NE 87 STREET EL PORTAL, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-CP	VP AROCHA, JOSEFINA 420 NE 87 STREET EL PORTAL, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate; 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 person or persons empowered to prepare 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 amendment within address, with all other line empowered.			
SIGNATURE: 		4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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