FILED
May 09, 2006 8:00 am
Secretary of State
04-17-2006 90348 016 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145578

1. Entity Name
JADE INVESTMENTS UNIT 3401, INC.

Principal Place of Business	Mailing Address
1401 BRICKELL AVE STE 500 MIAMI, FL 33131	1401 BRICKELL AVE STE 500 MIAMI, FL 33131

13-430-9567

03232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
2127 BRICKELL AVE.		P.O. BOX 430410	
Suite, Apt. #, etc.: 2905		Suite, Apt. #, etc.:	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33129	Country: USA	Zip: 33243-0410	Country: USA

4. FEI Number: APPLIED FOR 13-430-9567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAZQUEZ, GERARDO A 1401 BRICKELL AVE STE 500 MIAMI, FL 33131	Name: JAVIER MACEDO Street Address (P.O. Box Number is Not Acceptable): 2127 BRICKELL AVE. # 2905 MIAMI City: MIAMI FL Zip Code: 33129

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: JAVIER MACEDO [signature] 3-23-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	FORNO, DAVID		NAME	FORNO, DAVID	
STREET ADDRESS	1401 BRICKELL AVE STE 500		STREET ADDRESS	2127 BRICKELL AVE. STE # 2905	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	PORTUGAL, JUAN		NAME	PORTUGAL, JUAN	
STREET ADDRESS	1401 BRICKELL AVE STE 500		STREET ADDRESS	2127 BRICKELL AVE. STE # 2905	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-23-06 305 439-9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #