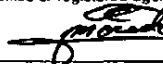
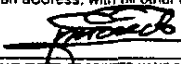


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90348 016 \*\*\*158.75

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000145578</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                         |                                                          |  |
| 1. Entity Name<br><b>JADE INVESTMENTS UNIT 3401, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                         |                                                                                                                                           |  |
| Principal Place of Business<br><b>1401 BRICKELL AVE STE 500<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                                                        | Mailing Address<br><b>1401 BRICKELL AVE STE 500<br/>MIAMI, FL 33131</b>                                                                                                                                                 |                                                                                                                                           |  |
| 2. Principal Place of Business<br><b>2127 BRICKELL AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                                                                                        | 3. Mailing Address<br><b>P.O. Box 430410</b>                                                                                                                                                                            |                                                                                                                                           |  |
| Suite, Apt. #, etc.<br><b>2905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                                                        | Suite, Apt. #, etc.                                                                                                                                                                                                     |                                                                                                                                           |  |
| City & State<br><b>MIAMI FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                                                        | City & State<br><b>MIAMI FL</b>                                                                                                                                                                                         |                                                                                                                                           |  |
| Zip<br><b>33129</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | Country<br><b>USA</b>                                                                                                  |                                                                                                                                                                                                                         | Zip<br><b>33243-0410</b>                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | Country<br><b>USA</b>                                                                                                  |                                                                                                                                                                                                                         | 4. FEI Number<br><b>APPLIED FOR 13-430-9567</b>                                                                                           |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>VAZQUEZ, GERARDO A<br/>1401 BRICKELL AVE STE 500<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>JAVIER MACEDO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2127 BRICKELL AVE. # 2905</b><br><b>MIAMI</b><br>City <b>MIAMI</b> FL <b>33129</b> |                                                                                                                                           |  |
| 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<br>SIGNATURE <b>JAVIER MACEDO</b>  DATE <b>3-23-06</b><br><small>Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when registering)</small>                                                                                                              |                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                         |                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                         |                                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                   |                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>FORNO, DAVID<br>1401 BRICKELL AVE STE 500<br>MIAMI, FL 33131 <input type="checkbox"/> Delete   |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | D<br>FORNO, DAVID<br>2127 BRICKELL AVE. STE # 2905<br>MIAMI, FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>PORTUGAL, JUAN<br>1401 BRICKELL AVE STE 500<br>MIAMI, FL 33131 <input type="checkbox"/> Delete |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | D<br>PORTUGAL, JUAN<br>2127 BRICKELL AVE. STE # 2905<br>MIAMI, FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                        | 3-23-06 305 439-9739                                                                                                                                                                                                    |                                                                                                                                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                                                        | <small>Date Daytime Phone #</small>                                                                                                                                                                                     |                                                                                                                                           |  |

15-430-4567



03232008 Chg-P CR2E034 (11/05)