2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name
JADE INVESTMENTS UNIT 3401, INC.

13-430-9567

03232006 Chg-P CR2E034 (11/05)

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

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: X $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 — 3-23-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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: _____ 3-23-06 305 439-9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #