

ANNUAL REPORT**FILED****Feb 19, 2007 0****Secretary of****DOCUMENT # P05000047567**

1: Entity Name

REAL JADE CORPORATION

Principal Place of Business

**C/O RUY SENFF, AVE. SEN. SOUZA NAVES, 1240
CEP 80050-040, CURITIBA
PARANA, BRASIL, BR 80050-040**

Mailing Address

**515 E. PARK AVE.
TALLAHASSEE, FL 32301**

01232007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
86-1139374Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301****DO NOT WRITE
IN THIS SPACE****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

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, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees000000639346
02/28/07-80022-014 150.00**10. OFFICERS AND DIRECTORS****TITLE PRES
NAME SENFF, RUY PRES.
STREET ADDRESS 21055, YACHT CLUB DR.
CITY-ST-ZIP AVENTURA, FL 33180****TITLE SECR
NAME SENFF, LEOPOLDO P SECRET.
STREET ADDRESS 21055, YACHT CLUB DR.
CITY-ST-ZIP AVENTURA, FL 33180****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
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CITY-ST-ZIP****TITLE
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CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****DO NOT WRITE
IN THIS SPACE****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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/07

Date

786-375-8037

Daytime Phone #