## **ANNUAL REPORT** Feb 19, 2007 0 DOCUMENT # P05000083553 Secretary of CRISTAL JADE, INC. CAMPBELL PLAN SECTION CO. LEGISLO. Principal Place of Business Mailing Address 515 E PARK AVE 515 E PARK AVE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E034 (11/05) 01232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2177941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPDIRECT AGENTS, INC. 515 E PARK AVE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000639344 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 /28/07-80022-012 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PRES** TITLE SENFF, RUY PRES NAME 21055, YACHT CLUB DR. STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33.18 SECR TITLE SENFF, LEOPOLDO P SECRET STREET ADDRESS 21055, YACHT CLUB DR. CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 otherwise empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Followery, d3, 200 f - 11 +86 3 FS-803 f