2008 FOR PROFIT CORPORATION

40 4 Mg/A

NAME STREET ADDRESS CITY-ST-7/P TITLE

STREET ADDRESS CITY-ST-ZIP

Jan 28, 2008 08:00 AN ANNUAL REPORT **Secretary of State** DOCUMENT # P05000083553 1. Entity Name CRISTAL JADE, INC. Principal Place of Business Mailing Address 515 E PARK AVE 515 E PARK AVE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E034 (11/05) 01242008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>41-2177941</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PRES** TITLE NAME SENFF, RUY PRES 000000803602 02/05/08-80032-014 150.00 21055, YACHT CLUB DR. STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33.18 SECR TITLE SENFF, LEOPOLDO P SECRET NAME 21055, YACHT CLUB DR. STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

Daytime Phone #

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:	RUY	SENFF	Willer Sygneira	01-25-208
	SIGNATUR	RE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECTOR	Date