

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90041 005 ***150.00

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1. Entity Name
JADE OCEAN 1103 CORP.



Principal Place of Business

**5734 NW 112 PL
DORAL, FL 33178**

Mailing Address

**5734 NW 112 PL
DORAL, FL 33134**

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3107072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GURIAN, JORGE
2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134**

**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, 2008 Fee will be \$550.00**

9. Election, Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CARRERO, IVAN
5734 NW 112 PL
DORAL, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
IMERY, GILBERTO
5734 NW 112 PL
DORAL, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Juan Carrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/08 954-4789938