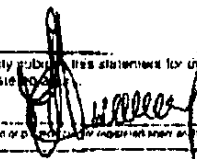
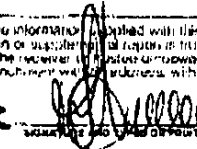


FILED
Jun 22, 2006 8:00 am
Secretary of State

03-22-2006 90019 028 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000102004			
1. Entity Name JADE TRUCKING & INVESTMENTS INC.			
Principal Place of Business 3520 NW 175TH STREET MIAMI GARDENS, FL 33056		Mailing Address 3520 NW 175TH STREET MIAMI GARDENS, FL 33056	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3184775		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATOS, LIDE A 3520 NW 175TH STREET MIAMI GARDENS, FL 33056		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 registration.			
SIGNATURE 		DATE 03-18-06	
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	P	TITLE	Change ☐ Addition ☐
NAME	MATOS, LIDE A	NAME	
STREET ADDRESS	3520 NW 175TH STREET	STREET ADDRESS	
CITY, ST, ZIP	MIAMI GARDENS, FL 33056	CITY, ST, ZIP	
TITLE	VP	TITLE	Change ☐ Addition ☐
NAME	MATOS, MARIA I	NAME	
STREET ADDRESS	3520 NW 175TH STREET	STREET ADDRESS	
CITY, ST, ZIP	MIAMI GARDENS, FL 33056	CITY, ST, ZIP	
TITLE		TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
12. I hereby certify that the information reported 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 is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 369, Florida Statutes, and that my name appears in Block 10 or Block 11 as authorized or on an attachment with authority with all other filers empowered.			
SIGNATURE 		DATE 03-18-06	

66020279



03182006 Cng-P CR2E034 (11/05)