

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000139844

FILED
Jul 11, 2007
Secretary of State**Entity Name:** JADE BEACH 807 CORP.**Current Principal Place of Business:**2600 DOUGLAD ROAD
SUITE 1100
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**2600 DOUGLAD ROAD
SUITE 1100
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 20-3623542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GURIAN, JORGE
2600 DOUGLAD ROAD
SUITE 1100
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: GULOVA, ZUZANA
Address: 2600 DOUGLAD ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** SD (X) Delete
Name: SMID, TOMAS
Address: 2600 DOUGLAD ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: GURIAN, JORGE
Address: 2600 DOUGLAD ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE GURIAN

PD

07/11/2007

Electronic Signature of Signing Officer or Director_____
Date