

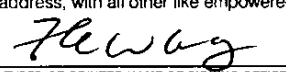


05-02-2008 90174 044 ***150.00

DOCUMENT # P07000068546				Secretary of State	
1. Entity Name JADE BISTRO OF FERNANDINA BEACH INC.		05-02-2008 90174 044 ***150.00			
Principal Place of Business 11362 SAN JOSE BLVD 8 JACKSONVILLE, FL 32223		Mailing Address 11362 SAN JOSE BLVD 8 JACKSONVILLE, FL 32223			
2. Principal Place of Business - No P.O. Box # 1484 SADLER RD		3. Mailing Address 1484 SADLER RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008 Chg-P CR2E034 (12/06)	
City & State FERNANDINA BEACH FL		City & State FERNANDINA BEACH FL		4. FEI Number 64-0964234	
Zip 32034		Zip 32034		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANG, SHAO H 5436 HIDDEN GARDENS DR JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WANG, SHAO H 5436 HIDDEN GARDENS DRIVE JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WANG, ZHE W 11362 SAN JOSE BLVD 8 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  4/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					