## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

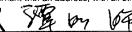
## **FILED** May 01, 2008 8:00 am DOCUMENT # P07000118733 Secretary of State 1. Entity Name JADE & AMBER, INC. 05-01-2008 90230 022 \*\*\*150.00 Principal Place of Business Mailing Address 2760 N UNIVERSITY DRIVE 2760 N UNIVERSITY DRIVE SUNRISE, FL 33322 SUNRISE, FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAM, MIU SHEUNG Street Address (P.O. Box Number is Not Acceptable) 17255 SW 95TH AVE #223 MIAMI, FL 33157 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. 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 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Addition TITLE TITLE Change TAM, MIU SHEUNG NAME NAME STREET ADDRESS 17255 SW 95TH AVE, #223 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP VPD ☐ Delete TITLE TITLE ☐ Change ■ Addition WU, JUNMOU NAME 17255 SW 95TH AVE, #223 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Channe TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #