

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040871

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** JADE OCEAN 2408 CORP.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 45-2077587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC  
2121 PONCE DE LEON BLVD.  
SUITE 1050  
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:** PSD  
**Name:** GORDON LEDERMAN, AVISHAI  
**Address:** 2121 PONCE DE LEON BLVD. STE. 1050  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** T  
**Name:** MARTIN DEL CAMPO, NORMA  
**Address:** 2121 PONCE DE LEON BLVD. STE. 1050  
**City-St-Zip:** CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

**SIGNATURE:** AVISHAI GORDON LEDERMAN

PSD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date