

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90027 009 ***158.75

DOCUMENT # P94000014868 1. Entity Name JADE HOME DECOR INC.			
Principal Place of Business 3596 HARWICH CT LAKE WORTH, FL 33467		Mailing Address 3596 HARWICH CT LAKE WORTH, FL 33467	
2. Principal Place of Business 9309 EL PASO DRIVE Suite, Apt. #, etc.		3. Mailing Address 9309 EL PASO DR Suite, Apt. #, etc.	
City & State LAKE WORTH FL Zip 33467-1009 Country USA		City & State LAKE WORTH, FL Zip 33467-1009 Country USA	
4. FEI Number 65-0416602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAPPI, JOHN 3596 HARWICH CT LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9309 EL PASO DRIVE LAKE WORTH City FL Zip Code 33467	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PD <input type="checkbox"/> Delete NAME CLAPPI, JOHN STREET ADDRESS 3596 HARWICH CT CITY-ST-ZIP LAKE WORTH, FL 33467	TITLE 9309 EL PASO DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME LAKE WORTH FL 33467 STREET ADDRESS CITY-ST-ZIP	TITLE VP <input type="checkbox"/> Delete NAME MORAN, ROBERT STREET ADDRESS 8569 YEARLING DR CITY-ST-ZIP LAKE WORTH, FL 334671175	
TITLE T <input type="checkbox"/> Delete NAME MORAN, KATHRYN STREET ADDRESS 8569 YEARLING DR CITY-ST-ZIP LAKE WORTH, FL 334671175	TITLE (misspelled) LAST NAME: CLAPPI <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 9309 EL PASO DR STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP	TITLE S <input type="checkbox"/> Delete NAME CLAPP, DEBORAH STREET ADDRESS 3596 HARWICH CT CITY-ST-ZIP LAKE WORTH, FL 334671532	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN CLAPPI / 2/20/04 / 561-433-0957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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