

**2006 FOR PROEIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000005763	
1. Entity Name GP JAMAICA PLAZA, INC.	

Principal Place of Business SUITE 300 280 DAINES STREET BIRMINGHAM, MI 48009	Mailing Address SUITE 300 280 DAINES STREET BIRMINGHAM, MI 48009
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3147786	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RINES, MILTON
15235 S TAMiami TRAIL
FT MYERS, FL 33908**

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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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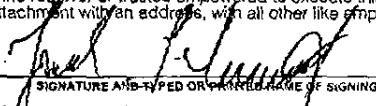
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ZLOTOFF, PAUL M 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO HERMELIN, BRIAN M 20500 CIVIC CENTER DR., SUITE 3000 SOUTHFIELD, MI 480370185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHWARTZ, JOEL 280 DAINES ST BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZLOTOFF, ROGER 280 DAINES ST BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **JOEL SCHWARTZ** 4/4/06 248-645-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #