


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M43279</b>	
1. Entity Name <b>JAMECK DEVELOPMENT, INC.</b>	

Principal Place of Business <b>1300 COLLINS AVE SUITE 100 MIAMI BCH., FL 33139</b>	Mailing Address <b>1300 COLLINS AVE SUITE 100 MIAMI BCH., FL 33139</b>
---	---



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2789258</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

8. Name and Address of Current Registered Agent  <b>SCHLESSER, MELVYN 1300 COLLIN AVE #100 MIAMI BEACH, FL 33139</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, ARTHUR 215 W. 83RD STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSHON, MELVIN 312 W. 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSHON, ROBERT 312 W. 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHLESSER, MELVYN 1300 COLLINS AVE #100 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>100000390457 01/23/06-80026-018 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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: MEL Schlessen 1/9/06 305.531-3655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #