


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90002 018 \*\*\*\*61.25

**DOCUMENT # N99000006133**

1. Entry Name  
**THE JAMAICA COMMITTEE INC.**



Principal Place of Business  
**19212 WEST LAKE DRIVE  
 MIAMI, FL 33015**

Mailing Address  
**19212 WEST LAKE DRIVE  
 MIAMI, FL 33015**



07132006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1005109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTINSON, JEFFREY**  
 7855 N.W. 12TH STREET  
 SUITE 207  
 MIAMI, FL 33128

*JACQUELINE SHEPARD*  
 19212 WEST LAKE DR.  
 MIAMI, FL 33015

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: *J. Shepard* DATE: 7/17/06

Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25 Due by September 6, 2006**

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 FITZROY, MOYRA 386 N.E. 195TH STREET NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, TANYA P 71054 DE 127 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTINSON, JEFFREY 7855 N.W. 12TH STREET, SUITE 207 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEP ARD, JACQUELINE 19212 WEST LAKE DRIVE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, ADAM M 6813 BROOKWINE DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, 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: *J. Shepard* DATE: 7/17/06 DAYTIME PHONE #: 305-829-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR