


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

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1. Entity 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**

DO NOT WRITE IN THIS SPACE



03172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1005109

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 reissuing) DATE

**Filing Fee is \$81.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FITZROY, MOYRA
STREET ADDRESS	386 N.E. 195TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	ROBERTS, TANYA P
STREET ADDRESS	7064 DE 137 CT 9825 S.W. 105 TERR.
CITY-ST-ZIP	MIAMI, FL 33186 MIAMI, FL 33176
TITLE	D
NAME	PATTINSON, JEFFREY
STREET ADDRESS	7855 N.W. 12TH STREET, SUITE 207
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	SHEP
NAME	ARD, JACQUELINE
STREET ADDRESS	19212 WEST LAKE DRIVE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	SHEPARD, ADAM M
STREET ADDRESS	6813 BROOKLINE DR
CITY-ST-ZIP	MIAMI, FL 33015
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 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 J. SHEPARD 3/20/07 305-829-7706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #