2006 FOR PROFIT CORPORATION ANNUAL REPORT

DQCUMENT # P04000167443

1. Entity Name

JAZMAZ DEVELOPMENT CORPORATION



Principal Place of Business

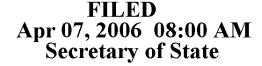
411 NORTH U.S. HIGHWAY 1

2ND FLOOR FORT PIERCE, FL 34950 Mailing Address

411 NORTH U.S. HIGHWAY 3

2ND FLOOR

FORT PIERCE, FL 34950





DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2001920

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, DANA M 4700 SHERIDAN STREET BLDG. N. HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

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.	l am familiar with,	and accept
	the obiligations of registered agent.		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

PACTE: Projectured Agent signature required when reinstance)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 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 ZALKIN, JOHN A 411 NORTH U.S. HIGHWAY, 2ND FL FORT PIERCE, FL 34950							
TITLE NAME STREET ADDRESS CITY-ST-ZP	D ZALKIN, MILES A 411 NORTH U.S. HIGHWAY, 2ND FL FORT PIERCE, FL 34950							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, JASON M 411 NORTH U.S. HIGHWAY, 2ND FL FORT PIERCE, FL 34950							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE								

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied at large 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 only stee 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.

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NAME STREET ADDRESS CATY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayoma Phone #