


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 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 1 2ND FLOOR FORT PIERCE, FL 34950
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2001920	Applied For Not Applicable
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000619526
02/08/07-80076-023 150.00

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-ZIP	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 NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

2. 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: _____ **1/16/07** **705 790 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #