

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90026 041 ***150.00

DOCUMENT # P04000065812

1. Entity Name
A & J'S TILE INSTALLATION, INC.



Principal Place of Business
**5360 GREY HERON LANE
 JACKSONVILLE, FL 32257**

Mailing Address
**5360 GREY HERON LANE
 JACKSONVILLE, FL 32257**

40117300



2. Principal Place of Business - No P.O. Box #
6233 DEVONHURST DRIVE

3. Mailing Address
6233 DEVONHURST DRIVE

Suite, Apt. #, etc.

05212007 Chg-P CR2E034 (12/06)

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
30-0243181

Applied For
 Not Applicable

Zip
32258

Country

Zip
32258

Country

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

6. Name and Address of Current Registered Agent

JAKAJ, ANDI
5360 GREY HERON LANE
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
JAKAJ, ANDI

Street Address (P.O. Box Number is Not Acceptable)
6233 DEVONHURST DRIVE

City
JACKSONVILLE

FL Zip Code
32258

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: *Andi Jakaj* **ANDI JAKAJ** DATE: **05.21.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAKAJ, ANDI 5360 GREY HERON LANE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAKAJ, MATI 5360 GREY HERON LANE JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAVOCI, ANA 5360 GREY HERON LANE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAKAJ, ANDI 6233 DEVONHURST DRIVE JACKSONVILLE FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAVOCI, ANA 6233 DEVONHURST DRIVE JACKSONVILLE FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andi Jakaj* **ANDI JAKAJ** DATE: **05.21.07**

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

9042361133