


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90024 036 \*\*\*158.75

**DOCUMENT # P06000023740**

1. Entity Name  
**JAY'S PROPERTY MAINTENANCE, INC.**



Principal Place of Business  
**20950 NW 14TH PLACE #305 MIAMI, FL 33169**

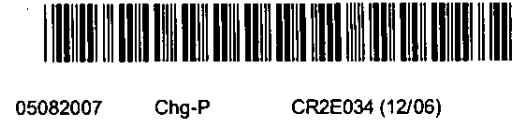
Mailing Address  
**20950 NW 14TH PLACE #305 MIAMI, FL 33169**

**40110115**

2. Principal Place of Business - No P.O. Box #  
**1170 NW 107 ST.**

3. Mailing Address  
**P.O. Box 380664**

Suite, Apt. #, etc.



05082007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33168**

Country  
**USA**

Zip  
**33238-0664**

Country  
**USA**

4. FEI Number  
**20-4337299**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAZILE, JOEY**  
**20950 NW 14TH PLACE #305**  
**MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name  
**JOEY BAZILE**

Street Address (P.O. Box Number is Not Acceptable)  
**1170 NW 107 STREET**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33168**

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 *Joey Bazile* DATE **5/8/07**

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	P	<input type="checkbox"/> Delete
NAME	BAZILE, JOEY	
STREET ADDRESS	20950 NW 14TH PLACE #305	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZILE, JOEY	
STREET ADDRESS	1170 NW 107 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Joey Bazile* **JOEY BAZILE** President **5/8/07**

Signature and typed or printed name of signing officer or director Date Daytime Phone #