

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000071043 1. Entity Name ZBJ ENTERPRISES, INC.			
Principal Place of Business 125 NW 23RD AVE 1 GAINESVILLE, FL 32609		Mailing Address 125 NW 23RD AVE 1 GAINESVILLE, FL 32609	
2. Principal Place of Business <i>BJ's Carpet & Flooring</i> Suite, Apt. #, etc. <i>125 NW 23rd Ave Ste #1</i> City & State <i>Gainesville Florida</i> Zip <i>32609</i>		3. Mailing Address Suite, Apt. #, etc. <i>Suite #1</i> City & State Zip <i>Alachua</i>	
4. FEI Number 59-3732088		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATREX CORPORATION 413 SW 4TH AVENUE GAINESVILLE, FL 32601-6551		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME JACKSON, ZIOMARA STREET ADDRESS 2138 NE 8TH ST. CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE <i>Pr</i> NAME <i>President / Ceo</i> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>Treasure</i> NAME <i>JACKSON, BOSIE D</i> STREET ADDRESS <i>125 NW 23rd Ave Ste #1</i> CITY-ST-ZIP <i>Gainesville, FL 32609</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <i>Federico J. Hernandez</i> <i>Federico J. Hernandez</i> <i>1/13/2004</i> <i>352-376-5774</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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