


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000071043					
1. Entity Name ZBJ ENTERPRISES, INC.					
Principal Place of Business C/O BJ'S CARPET & FLOORING 125 N W 23RD AVE STE #1 GAINESVILLE FL 32609		Mailing Address C/O BJ'S CARPET & FLOORING 125 N W 23RD AVE STE #1 GAINESVILLE FL 32609			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3732088</b>	
Zip		Country <i>Alachua</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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			FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	U00000213763 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, ZIOMARA		NAME	02/03/05-80085-005 158.75	
STREET ADDRESS	2138 NE 8TH ST.		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32609		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, BOSIE D		NAME		
STREET ADDRESS	125 N W 23RD AVE STE #1		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32609		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, FEDERICO J		NAME		
STREET ADDRESS	125 N W 23RD AVE STE #1		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32609		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: *Ziomara L. Jackson* 1/20/05 352-376-5774  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #