

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90017 034 ***158.75



DOCUMENT # P01000071043

1. Entity Name
ZBJ ENTERPRISES, INC.

Principal Place of Business Mailing Address
C/O BJ'S CARPET & FLOORING 125 N W 23RD AVE STE #1 GAINESVILLE FL 32609



2. Principal Place of Business Suite, Apt. #, etc.
ZBJ Enterprises Inc. Suite #1

3. Mailing Address Suite, Apt. #, etc.
125 NW 23rd Avenue

1st MOORE CR2E034 (10/05)

City & State
Gainesville Florida

City & State

4. FEI Number **59-3732088**

Applied For
 Not Applicable

Zip Country
32609 FLORIDA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATREX CORPORATION
 413 SW 4TH AVENUE
 GAINESVILLE FL 32601-6551**

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

Ziomara L. Jackson

1/17/06

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

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JACKSON, ZIOMARA 2138 NE 8TH ST. GAINESVILLE FL 32609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, BOSIE D 125 N W 23RD AVE STE #1 GAINESVILLE FL 32609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, FEDERICO J 125 N W 23RD AVE STE #1 GAINESVILLE FL 32609	<input checked="" 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		<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
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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 Section 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: *Ziomara L. Jackson*

1/17/06

352-316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #