


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000071043

1. Entity Name
ZBJ ENTERPRISES, INC.



Principal Place of Business Mailing Address

BJ'S CARPET & FLOORING
125 NW 23RD AVE, STE 1
GAINESVILLE FL 32609

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125 NW 23RD AVE, STE 1
GAINESVILLE FL 32609



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number **59-3732088** Applied For
 Net Applicable

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

6. Name and Address of Current Registered Agent

CHAU, TERESA B
803 NW 23RD AVENUE
GAINESVILLE FL 32609

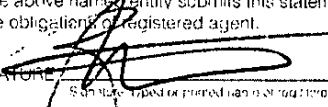
7. Name and Address of New Registered Agent

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 obligation of, registered agent.

SIGNATURE:  DATE: **1/25/08**

(NOTE: Registered Agent signature required when not filing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	JACKSON, ZIOMARA	
STREET ADDRESS	2138 NE 8TH ST.	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, LORENZO	
STREET ADDRESS	125 NW 23RD AVE, STE 1	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKSON, LEWIS	
STREET ADDRESS	125 NW 23RD AVE, STE 1	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/05/08-90090-007 158.75

12. I hereby certify that the information furnished 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:  DATE: **1/25/08** TELEPHONE: **352-376-5774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR