2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-25-2008 90138 020 ***150.00

DOCUMENT # P03000032337

1. Entity Name
J. F. BAJALIA DESIGNS, INC.

Principal Place of Business	Mailing Address
12649 DUNRAVEN JACKSONVILLE, FL 32223	12649 DUNRAVEN TRAIL JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4243335
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAJALIA, JOAN M
12649 DUNRAVEN TRAIL
JACKSONVILLE, FL 32223

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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: Joan M. Bajalia 4-10-08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAJALIA, JOAN M
STREET ADDRESS	12649 DUNRAVEN TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	ST
NAME	BAJALIA, JOAN M
STREET ADDRESS	12649 DUNRAVEN TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joan M. Bajalia 5-15-08 9042689489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOAN M. BAJALIA