

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000132181**

1. Entity Name  
**J&J TILE SPECIALISTS, INC**



Principal Place of Business  
**41 COQUINA KEY DR.  
OCOE, FL 34761**

Mailing Address  
**41 COQUINA KEY DR.  
OCOE, FL 34761**



03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0419364**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AGUILAR, JAVIER  
41 COQUINA KEY DR.  
OCOE, FL 34761**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1000001467513  
03/23/06-80053-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	AGUILAR, JAVIER
STREET ADDRESS	41 COQUINA KEY DR.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	S
NAME	AGUILAR, JAVIER
STREET ADDRESS	41 COQUINA KEY DR.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Javier Aguilar ochoa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

38-06 (407) 947-07-67  
Date Daytime Phone #