


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90035 004 \*\*\*150.00

<b>DOCUMENT # P03000132181</b> 1. Entity Name <b>J&amp;J TILE SPECIALISTS, INC</b>			
Principal Place of Business <b>41 COQUINA KEY DR. OCOE, FL 34761</b>		Mailing Address <b>41 COQUINA KEY DR. OCOE, FL 34761</b>	
2. Principal Place of Business - No P.O. Box # <b>236 13TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>236 13TH AVE</b> Suite, Apt. #, etc.	
City & State <b>OCOE FL</b> Zip <b>34761</b>		City & State <b>OCOE FL</b> Zip <b>34761</b>	
4. FEI Number <b>20-0419364</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AGUILAR, JAVIER 41 COQUINA KEY DR. OCOE, FL 34761</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILAR, JAVIER 41 COQUINA KEY DR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Aguilar JAVIER 236 13TH AVE OCOE, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u>Javier Aguilar Ochoa</u> <u>president</u>		Date <u>3/17/07</u>	