


2006 FOR PROFIT CORPORATION ANNUAL REPORT

1/

FILED
Mar 10, 2006 8:00 am
Secretary of State

01-27-2006 90031 004 ***150.00

DOCUMENT # P05000051194			
1. Entity Name ZENELI TILE, INC.			
Principal Place of Business 9337 CUMMERLAND ISLE BLVD JACKSONVILLE, FL 32257		Mailing Address 9337 CUMMERLAND ISLE BLVD JACKSONVILLE, FL 32257	
2. Principal Place of Business <i>9337 CumberLand Isle Dr</i>		3. Mailing Address <i>9337 CumberLand Isle Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville FL</i>	
Zip <i>32257</i>	Country <i>FL</i>	Zip <i>32257</i>	Country
4. FEI Number <i>202656585</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZENELI, BLENDI 9337 CUMMERLAND ISLE BLVD JACKSONVILLE, FL 32257		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 obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZENELI, BLENDI 9337 CUMMERLAND ISLE BLVD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZENELI, BLENDI 9337 CUMMERLAND ISLE BLVD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	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"/> 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: <i>X BLENDI ZENELI</i>		<i>101-24-076 (904) 962 3389</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT

#66004590

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

ZENELI TILE, INC.
9337 CUMMERLAND ISLE BLVD
JACKSONVILLE, FL 32257

Subject: ZENELI TILE, INC.

Reference Number: P05000051194

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION



ATTACHMENT
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05-12-2005

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

#66004590

#P05000051194

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 05/12/2005

** EXPIRATION DATE: 05/12/2007

PERSON: ZENELI

BUENDI

FEIN: 202656585

BUSINESS NAME: ZENELI TILE INC

AND ADDRESS: 9337 CUMBERLAND ISLE BLVD
JACKSONVILLE FL 32257

SCOPE OF BUSINESS OR TRADE: 1- TILE

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION		F O L D H E R E	IMPORTANT
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW			
EFFECTIVE: 05/12/2005 ** EXPIRATION DATE: 05/12/2007			
PERSON: ZENELI BUENDI			
FEIN: 202656585			
BUSINESS NAME: ZENELI TILE INC AND ADDRESS: 9337 CUMBERLAND ISLE BLVD JACKSONVILLE FL 32257		Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.	
SCOPE OF BUSINESS OR TRADE: 1- TILE		QUESTIONS? (850) 413-1609	

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.