

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000104871

Entity Name: PERFECT TILE OF JAX, INC.

FILED
Oct 06, 2008
Secretary of State

Current Principal Place of Business:

9512 BENT OAK CT.
JACKSONVILLE, FL 33257 US

New Principal Place of Business:

9512 BENT OAK CT.
JACKSONVILLE, FL 32257 US

Current Mailing Address:

9512 BENT OAK CT.
JACKSONVILLE, FL 33257 US

New Mailing Address:

9512 BENT OAK CT.
JACKSONVILLE, FL 32257 US

FEI Number: 20-3218990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULEJ, ARTAN
7110 PONCE DE LEON AVE
1-C
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARTAN HULEJ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HULEJ, ARTAN
Address: 7110 PONCE DE LEON AVE APT 1-C
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: S () Delete
Name: BALLIU, ALBERT
Address: 5800 BARNES RD APT 75
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D () Delete
Name: NEEKA, ZISI
Address: 7110 PONCE DE LEON AVE. APT 2C
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: KOCI, GENTIAN
Address: 7110 PONCE DE LEON AVE. APT 6B
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BALLIU, ALBERT
Address: 5385 HWEEONVIEW DR.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D (X) Change () Addition
Name: NELKA, ZISI
Address: 7110 PONCE DE LEON AVE. APT 2C
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTAN HULEJ

P

10/06/2008

Electronic Signature of Signing Officer or Director

Date