


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000157770 1. Entity Name BELLE DECOR BY ZLJ, INC.	
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Principal Place of Business 2145 RENSSELEAR DRIVE WESLEY CHAPEL, FL 33543	Mailing Address 2145 RENSSELEAR DRIVE WESLEY CHAPEL, FL 33543
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08062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0813408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAHNKE, ZEBRAH L 2145 RENSSELEAR DRIVE WESLEY CHAPEL, FL 33543
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**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)

U000000772359
08/17/07-80010-012 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAHNKE, ZEBRAH L 2145 RENSSELEAR DRIVE WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAHNKE, JEFFREY S 2145 RENSSELEAR DRIVE WESLEY CHAPEL, FL 33543
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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:

 **- President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/07 813-789-5493
Date Daytime Phone #