


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90024 036 \*\*\*158.75

<b>DOCUMENT # P06000023740</b>	
1. Entity Name <b>JAY'S PROPERTY MAINTENANCE, INC.</b>	

Principal Place of Business <b>20950 NW 14TH PLACE #305 MIAMI, FL 33169</b>	Mailing Address <b>20950 NW 14TH PLACE #305 MIAMI, FL 33169</b>
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**40110115**

2. Principal Place of Business - No P.O. Box # <b>1170 NW 107 ST.</b>	3. Mailing Address <b>P.O. Box 380664</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05082007 Chg-P CR2E034 (12/06)

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33168</b>	Zip <b>33238-0664</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-4337299</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BAZILE, JOEY 20950 NW 14TH PLACE #305 MIAMI, FL 33169</b>	
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7. Name and Address of New Registered Agent	
Name <b>JOEY BAZILE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1170 NW 107 STREET</b>	
City <b>MIAMI</b>	FL Zip Code <b>33168</b>

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  DATE **5/8/07**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAZILE, JOEY 20950 NW 14TH PLACE #305 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAZILE, JOEY 1170 NW 107 STREET MIAMI FL 33168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  **JOEY BAZILE President** 5/8/07