


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90001 009 \*\*\*115.00  
 07-10-2006 90025 018 \*\*\*\*35.00

**DOCUMENT # P04000062061**

1. Entity Name  
**U S SAN JOSE CORP.**



Principal Place of Business  
**7150 NW 112TH CT  
 MIAMI, FL 33178**

Mailing Address  
**7150 NW 112TH CT  
 MIAMI, FL 33178**

**50021933**



2. Principal Place of Business  
**5305 N.W 36th St.**

3. Mailing Address  
**14th NE 96th Street**

Suite, Apt. #, etc.

05282006 -Chg-P CR2E034 (11/05)

City & State  
**Miami Springs - FL**

City & State  
**Miami Shores - FL**

Zip  
**33166** Country **U.S.A.** Zip  
**33138** Country **U.S.A.**

4. FEI Number  
**45-3152251**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE OLIVEIRA, EMANUEL  
 7150 NW 112TH CT  
 MIAMI, FL 33178**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and address if applicable (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, EMANUEL	
STREET ADDRESS	7150 NW 112TH CT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPOS, FRANCYS	
STREET ADDRESS	7150 NW 112TH CT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Emanuel de Oliveira Emanuel de Oliveira 5-26-06. (755) 7581136.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #