

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90472 001 *****8.75
 03-12-2007 90472 002 ***150.00

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DOCUMENT # P06000059407

1. Entity Name
DANJOSE ENTERPRISES, INC.



Principal Place of Business Mailing Address
2225 STACY CT **2225 STACY CT**
DUNEDIN, FL 34698 **DUNEDIN, FL 34698**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4746376 Not Applicable

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

6. Name and Address of Current Registered Agent

PIRES, JOAQUIM J
2225 STACY CT
DUNEDIN, FL 34698

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 *Joaquim J. Pires* DATE _____

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D / Pres.	<input type="checkbox"/> Delete
NAME	PIRES, JOAQUIM J	
STREET ADDRESS	2225 STACY CT	
CITY - ST - ZIP	DUNEDIN, FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, DANIEL J	
STREET ADDRESS	2530 GARY CIRCLE #803	
CITY - ST - ZIP	DUNEDIN, FL 34698	
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	Director / President and Secretary	<input checked="" 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: *Joaquim J. Pires* **President** Date **03/08/07** Daytime Phone # **727-669-7930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR