## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000163911

3631 AMIGOS AVE

FAVELA, MANÚEL

3631 AMIGOS AVE

ORLANDO, FL 32808

DIR

ORLANDO, FL 32808

( ) Delete

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Apr 18, 2006 Secretary of State

Entity Na	me: D.JG	ENERAL CONS	TRUCTION CORF	5						
Current Principal Place of Business:				New	New Principal Place of Business:					
3631 AMIC ORLANDO	GOS AVE D, FL 32808	3			ANSON DR SIMMEE, FL	34758				
Current Mailing Address:					New Mailing Address:					
3631 AMIGOS AVE ORLANDO, FL 32808					236 ANSON DR KISSIMMEE, FL 34758					
FEI Number:		FEI Number	FEI Number Applied For (X)		FEI Number Not Applicable ( )			Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Nam	Name and Address of New Registered Agent:					
385 E MAI APOPKA, The above	N STREET FL FL		s INC tatement for the p	ourpose of char	nging its reg	istered of	fice or re	egistered a	gent, or both,	
SIGNATU	RE:									
Electronic Signature of Registered Agent								Date		
Election Car	mpaign Finar	cing Trust Fund C	ontribution ( ).							
OFFICERS AND DIRECTORS:				ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	PR AGUIRRE, 3631 AMIG ORLANDO,			Title: Name Addre City-S	ss: 236 /	(X) RRE, SALV ANSON DR IMME, FL	ADOR	) Addition		
Title: Name: Address: City-St-Zip:	SEC AGUIRRE, 3631 AMIG ORLANDO,			Title: Name Addre City-S	ss: 236 /	(X) RRE, SALV ANSON DR IMME, FL	ADOR	) Addition		
Title: Name:	DIR SAENZ, FR	(X) Delete ANCISCO		Title: Name	:	( )	Change(	) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

DIR

FAVELA, MANÚEL

KISSIMME, FL 34758

236 ANSON DR

(X) Change ( ) Addition

SIGNATURE: SALVADOR AGUIRRE Ρ 04/18/2006