2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 08:00 AN Secretary of State

ANNUAL REPURT				Jan 50, 2000 08:00 A			
DOCUI	MENT # P940000094	69			Sec	cretary of Stat	
1. Entity Nam	DGE SAN JOSE, INC.						
OAMBINE	oge gan boge, hvo.						
Principal Plac	e of Business	Mailing Address	. ,				
650 NORTHL SUITE 450	AKE BLVD	650 NORTHLAKE BLVD Suite 450					
	SPRINGS, FL 32701 US	ALTAMONTE SPRINGS, FL 32:	701 US	\$ \$200 \$20 \$200 \$20 \$200 \$20 \$200 \$20 \$200 \$200 \$200 \$200 \$200 \$200 \$20 \$200 \$200 \$200 \$200 \$200 \$200 \$200	(M. 1981)) Minist Marie April 44	lite mentile mentem libiles memeral Mittem emilimati et emme	
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			CE	4. FEI Numb 59-324		Applied For Not Applicat	
<u> </u>				·	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Rec	ristered Agent			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
LECCESE, JACQUELINE COS				DO	NOT W	DITE	
650 NORTHLAKE BLVD SUITE 450			DO NOT WRITE				
ALTAMONTE SPRINGS, FL 32701			IN THIS SPACE				
8. The above the obligation	named entity submits this statement for the	e purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Fl	orida. I am familiar with, and accep	
SIGNATURE	Symphore, typed or printed name of registered agent and s	itle if applicable. (NOTE Registere	ed Agent signature require	d when reinstaling)	·	DATE	
} 	<u></u>	A Florida Occasion Florida]		
		Election Campaign Final Trust Fund Contribution.		.00 May Be ded to Fees	02/08/06 02/08/06	0407063 -80001-011 158.75	
10.	OFFICERS AND DIF	RECTORS	_		•		
TITLE NAME	LECCESE, JACQUELINE COS					`	
STREET ADDRESS	650 NORTHLAKE BLVD, STE 450		1	· -			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		-				
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TITLE NAME			ļ	IN	THIS SI	PACE	
STREET ADDRESS							
CITY-ST-ZIP	1		1				

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #