

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K67301

1. Entity Name
EL ENCANTO JOYERIA, INC.



Principal Place of Business
% SILVANO ERNESTO DELGADO
7467 S.W. 8TH STREET
MIAMI, FL 33144

Mailing Address
% SILVANO ERNESTO DELGADO
7467 S.W. 8TH STREET
MIAMI, FL 33144

FILED
Jul 29, 2008 08:00 AM
Secretary of State



07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0100388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, SILVANO ERNESTO
7467 S.W. 8TH STREET
MIAMI, FL 33144

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 | PD |
| NAME | DELGADO, SILVANO ERNESTO |
| STREET ADDRESS | 6437 W. FLAGLER ST., #2 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/29/08-80002-008 150.00

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/08

Date

(305) 864-8896

Daytime Phone #