


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K67301 1. Entity Name EL ENCANTO JOYERIA, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State
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4. FEI Number 65-0100388	Applied For <input type="checkbox"/> Not Applied
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELGADO, SILVANO ERNESTO 7467 S.W. 8TH STREET MIAMI FL 33144
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELGADO, SILVANO ERNESTO 6437 W. FLAGLER ST., #2 MIAMI FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000471524 03/28/06-80057-022 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* (7/20) 03/28/06 (305) 264-8896