


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 29, 2008 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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07212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0100388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELGADO, SILVANO ERNESTO 7467 S.W. 8TH STREET MIAMI, FL 33144	DO NOT WRITE IN THIS SPACE
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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
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, SILVANO ERNESTO 6437 W. FLAGLER ST., #2 MIAMI, FL
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07/29/08-80002-008 150.00

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: X  07/22/08 (305) 864-8896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #