


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90108 007 ***150.00

DOCUMENT # P00000098255

1. Entity Name
CASA ENCANTADA, INC.



Principal Place of Business 14301 S.W. 74TH TERRACE MIAMI, FL 33183	Mailing Address 14301 S.W. 74TH TERRACE MIAMI, FL 33183
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1048576	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

~~MENENDEZ, JOSE A~~
~~14301 S.W. 74TH TERRACE~~
~~MIAMI, FL 33183~~

Jose M. MENENDEZ
181 Brampton Lane
NAPLES, FL
34104

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENENDEZ, JOSE A 14301 S.W. 74TH TERRACE MIAMI, FL 33183
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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: *Jose M. Menendez* **JOSE M. MENENDEZ** 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #