


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000012473 1. Entity Name EL ENCANTO MANAGEMENT, INC.						06 OCT 24 PM 9:12	
Principal Place of Business 1840 W 49 ST STE 220-2 HIALEAH, FL 33012				Mailing Address 1840 W 49 ST STE 220-2 HIALEAH, FL 33012			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, MERCEDES 1840 W 49 ST STE 220-2 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME LOPEZ, MERCEDES STREET ADDRESS 1840 W 49 ST STE 220-2 CITY-ST-ZIP HIALEAH, FL 33012				<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081130003 10/24/06--01005--015 **150.00			
TITLE V <input type="checkbox"/> Delete NAME OLIVA, FELIPE STREET ADDRESS 1840 W 49 ST STE 220-2 CITY-ST-ZIP HIALEAH, FL 33012				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>X Mercedes Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <i>10/18/06</i> Daytime Phone # <i>786 251 6216</i>			