

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90058 013 \*\*\*150.00

DOCUMENT # P05000096456

1. Entity Name

ENCHANTED WORLD, CORP.



Principal Place of Business

2265 W 10 AVE  
HIALEAH FL 33010

Mailing Address

2265 W 10 AVE  
HIALEAH FL 33010

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8804 N.W. 109 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4400A E. 1st Ave

City & State

City & State

FL

Zip

Country

Zip

Country

33018

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, ELVIRA ILENE  
1085 W 68 ST #110  
HIALEAH FL 33014

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

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

(NOTE: Registered Agent signature removed when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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

TITLE PSD  
NAME CASTILLO, ELVIRA ILENE ☐ Delete  
STREET ADDRESS 1085 W 68 ST #110  
CITY- ST- ZIP HIALEAH FL 33014

TITLE TD  
NAME RODRIGUEZ, ELVIRA C ☐ Delete  
STREET ADDRESS 15100 NW 91 CT  
CITY- ST- ZIP MIAMI FL 33018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*Elvira I Castillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #