


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90343 009 ***158.75

| | | | |
|---|-------------------|---|-------------------|
| DOCUMENT # P03000068495 | |  | |
| 1. Entity Name CARIBBEAN ART CORP. | | | |
| Principal Place of Business 47 TURNSTONE DRIVE SAFETY HARBOR, FL 34695 US | | Mailing Address 47 TURNSTONE DRIVE SAFETY HARBOR, FL 34695 US | |
| 2. Principal Place of Business 4905 34 th St. South | | 3. Mailing Address 4905 34 th St. South | |
| Suite, Apt. #, etc. # 296 | | Suite, Apt. #, etc. # 296 | |
| City & State St. Petersburg, FL | | City & State St. Petersburg, FL | |
| Zip 33711 | Country U.S.A. | Zip 33711 | Country U.S.A. |



01112004 Chg-P CR2E034 (10/03)

4. FEI Number 90-0107428 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| NETTLE, MICHAEL D 47 TURNSTONE DRIVE SAFETY HARBOR, FL 34695 | | 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 _____ 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, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES NETTLE, MICHAEL D 47 TURNSTONE DRIVE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA KEANE, ROBERT 47 TURNSTONE DRIVE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR LOPEZ, RUDI G 47 TURNSTONE DRIVE SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Michael D. Nettle 14 April, 2004 7277917001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #