2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F00000003707

1. Entity Name
2848 CARIBBEAN ISLE, INC.

Principal Place of Business	Mailing Address
115 WEST CANON PERDIDO, SUITE 200 SANTA BARBARA, CA 93101	115 WEST CANON PERDIDO, SUITE 200 SANTA BARBARA, CA 93101

DO NOT WRITE IN THIS SPACE

03202008 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0547228

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

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 required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	KNELL, JAMES P
STREET ADDRESS	115 WEST CANON PERDIDO, SUITE 200
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	CD
NAME	KNELL, JAMES P
STREET ADDRESS	115 WEST CANON PERDIDO, SUITE 200
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000865739
04/08/08-80042-009 150.00

DO NOT WRITE IN THIS SPACE

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: Donald Lippman Agent for Owner 3/20/08 770-952-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #