


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002008	
1. Entity Name CARIBBEAN FESTIVAL ASSOCIATION (CARIFESTA), INC.	

Principal Place of Business 3110 1ST AVE N, STE 2L ST PETERSBURG, FL 33713 US	Mailing Address PO BOX 14046 ST. PETE, FL 33733 US
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DO NOT WRITE IN THIS SPACE

08242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3573869	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 JACKSON, DONALD D 1418 27 AVE S ST PETERSBURG, FL 33705	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000171814 09/08/04-80006-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JACKSON, DONALD D 1418 27 AVE S ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S GLENN, DELORES 4339 6 ST S ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JACKSON, MICHELLE A 1418 27 AVE S ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 D. Jackson **DONALD D. JACKSON** 9-1-04 (727) 410-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if