

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N47124

1. Entity Name
**CORAL GABLES INTERNATIONAL FESTIVAL OF CRAFT
ARTS, INCORPORATED**



Principal Place of Business
**2100 SALZEDO STREET
SUITE 303
CORAL GABLES, FL 33134 US**

Mailing Address
**2100 SALZEDO STREET
SUITE 303
CORAL GABLES, FL 33134 US**



03192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0309842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOWENSTEIN, PAT
2100 SALZEDO STREET, SUITE 303
SUITE 303
CORAL GABLES, FL 33134**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000100143
03/31/04-80034-014 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOWENSTEIN, PAT 2100 SALZEDO ST., STE 303 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REIGOSA, JOSE M 2100 SALZEDO STRET STE 303 MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOWENSTEIN, ELLIOT 2100 SALZEDO ST STE 303 CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOWENSTEIN, PAT 2100 SALZEDO STREET SUITE 303 CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04
Date

Daytime Phone #