2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# N47124

Entity Name: CORAL GABLES INTERNATIONAL FESTIVAL OF CRAFT ARTS, INCORPORATED

Current Principal Place of Business:

2100 SALZEDO STREET
SUITE 303
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2100 SALZEDO STREET
SUITE 303
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0309842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LOWENSTEIN, PAT	
Address:	2100 SALZEDO ST. , STE 303	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	REIGOSA, JOSE M	
Address:	2100 SALZEDO STRET STE 303	
City-St-Zip:	MIAMI, FL 33134	
Title:	D	( ) Delete
Name:	LOWENSTEIN, ELLIOT	
Address:	2100 SALZEDO ST STE 303	
City-St-Zip:	CORAL GABLES, FL	
Title:	D	( ) Delete
Name:	LOWENSTEIN, PAT	
Address:	2100 SALZEDO STREET SUITE 303	
City-St-Zip:	CORAL GABLES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT LOWENSTEIN D 03/15/2006

Electronic Signature of Signing Officer or Director — Date