

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47124

FILED  
Feb 16, 2009  
Secretary of State

**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: LOWENSTEIN, ELLIOT  
Address: 2100 SALZEDO ST STE 303  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: LOWENSTEIN, PAT  
Address: 2100 SALZEDO STREET SUITE 303  
City-St-Zip: CORAL GABLES, FL 33134

**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:

I hereby certify that the information supplied with this filing does not qualify 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: PAT LOWENSTEIN

P

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date