

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47124

**FILED**  
**Mar 04, 2011**  
**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:**

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

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: ELLIOT LOWENSTEIN

03/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOWENSTEIN, PAT  
Address: 2100 SALZEDO ST. , STE 303  
City-St-Zip: CORAL GABLES, FL 33134

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELLIOT LOWENSTEIN

D

03/04/2011

Electronic Signature of Signing Officer or Director

Date