


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90304 016 ***150.00

DOCUMENT # P02000089026	
1. Entity Name C'EST KISMET, INC.	

Principal Place of Business 716 A CORDOVA AVE. ORMOND BEACH FL 32174	Mailing Address 716 A CORDOVA AVE. ORMOND BEACH FL 32174
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2. Principal Place of Business 54 Riviere Lane City & State Palm Coast, FL Zip 32164 Country USA	3. Mailing Address 54 Riviere Lane City & State Palm Coast, FL Zip 32164 Country USA
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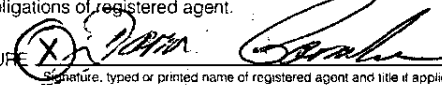


MOORE CR2E034 (11/03)

4. FEI Number 51-0422151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARIMBOCAS, DARIN A 716 A CORDOVA AVE. ORMOND BEACH FL 32174	7. Name and Address of New Registered Agent Name Same -> Street Address (P.O. Box Number is Not Acceptable) 54 Riviere Lane City Palm Coast FL Zip Code 32164
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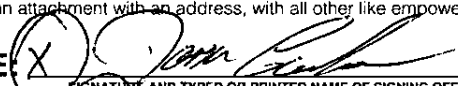
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **04-7-04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PV	NAME CARIMBOCAS, DARIN A STREET ADDRESS 716 A CORDOVA AVE. CITY-ST-ZIP ORMOND BEACH FL 32174	TITLE PVSTD	NAME Carimbocas, Darin A. STREET ADDRESS 54 Riviere Lane CITY-ST-ZIP Palm Coast, FL 32164
TITLE ST	NAME CARIMBOCAS, DARIN A STREET ADDRESS 716 A CORDOVA AVE. CITY-ST-ZIP ORMOND BEACH FL 32174	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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  DATE **April 7, 2004** (386) 453-1957