

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90267 032 ***158.75

DOCUMENT # P97000019502



1. Entity Name
C.T. EVENTS, CORP.

Principal Place of Business 19495 BISCAYNE BLVD SUITE #108 AVENTURA FL 33180 US	Mailing Address 19495 BISCAYNE BLVD SUITE #108 AVENTURA FL 33180 US
--	--



MOORE CR2E034 (11/03)

2. Principal Place of Business 253 NE 14th Street	3. Mailing Address 253 NE 14th Street
Suite, Apt. #, etc. Suite # 208	Suite, Apt. #, etc. Suite 208
City & State Miami FL	City & State Miami FL

4. FEI Number 65-0784510	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip 33132	Country US	Zip 33132	Country US
---------------------	----------------------	---------------------	----------------------

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

6. Name and Address of Current Registered Agent
**TABASCI, CARLOS D
 1225 NE 124TH STREET
 NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent
 Name **CARLOS D. TABASCI**
 Street Address (P.O. Box Number is Not Acceptable)
253 NE 14th Street
Suite # 208
 City **Miami** FL Zip Code **33132**

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 _____

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS TABASCI, CARLOS D 19495 BISCAYNE BLVD SUITE #106 AVENTURA FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS CARLOS TABASCI 253 NE 14th Street Suite #208 Miami FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 28th, 2004** Daytime Phone # **(305) 350-0708**