2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000003707

1. Entity Name

2848 CARIBBEAN ISLE, INC.



Principal Place of Business

Mailing Address

115 WEST CANON PERDIDO, SUITE 200 SANTA BARBARA, CA 93101 115 WEST CANON PERDIDO, SUITE 200 SANTA BARBARA, CA 93101

FILED Feb 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0547228

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if epolicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				og 🗆	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KNELL, JAMES P 115 WEST CANON PERDIDO, SUITE SANTA BARBARA, CA 93101	200				U00000052287 02/16/04-80086-009 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	CD KNELL, JAMES P 115 WEST CANON PERDIDO, SUITE 200 SANTA BARBARA, CA 93101					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS CITY-ST-ZIP						
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 peport 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 of district the 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 eddress, with all other like empowered.						