


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90197 035 ***150.00

DOCUMENT # P02000035520

1. Entity Name
RAINBOW SERVICES CO.



Principal Place of Business
 11864 ATLANTIC CIRCLE
 BOCA RATON, FL 33428

Mailing Address
 P. O. BOX 971512
 BOCA RATON, FL 33497

40085550



2. Principal Place of Business - No P.O. Box #
18774 CASPIAN CIR

3. Mailing Address
 Suite, Apt. #, etc.

14242037 Chg-P CR2E034 (12/06)

City & State
Boca Raton FL

City & State
 Suite, Apt. #, etc.

Zip
33496

Country
Palm Beach

4. FEI Number
01-0676900

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LUGO, FERNANDO
 11864 ATLANTIC CIRCLE
 BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name
LUGO, FERNANDO

Street Address (P.O. Box Number is Not Acceptable)
118774 CASPIAN CIR

City
BOCA RATON FL

Zip Code
33496

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]* **President.** **04/24/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent...) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 Additional Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUGO, FERNANDO		NAME LUGO, FERNANDO	
STREET ADDRESS 11864 ATLANTIC CIRCLE		STREET ADDRESS 18774 CASPIAN CIRCLE	
CITY-ST-ZIP BOCA RATON, FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUGO, MARIA FERNANDA		NAME LUGO, MARIA FERNANDA	
STREET ADDRESS 11864 ATLANTIC CIRCLE		STREET ADDRESS 18774 CASPIAN CIRCLE	
CITY-ST-ZIP BOCA RATON, FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall be that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or on an attachment with an address, with all other like empowered.

19. Florida Statutes. I further certify that the information submitted is true and accurate and that my signature shall be that of the officer or director as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or Block 11 if applicable.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-24-07** Daytime Phone #

561-2183407