


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90022 040 \*\*\*\*61.25

**DOCUMENT # 709107**

1. Entity Name  
**RAINBOW CONDOMINIUM, INC.**



Principal Place of Business  
**C/O CLIFFORD BUCHANAN  
 331 COLLINS AVE # 7  
 MIAMI BEACH, FL 33139-6913**

Mailing Address  
**C/O CLIFFORD BUCHANAN  
 331 COLLINS AVE # 7  
 MIAMI BEACH, FL 33139-6913**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

03122004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2040781**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**BUCHANAN, CLIFFORD  
 331 COLLINS AVE  
 # 7  
 MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**OFFICERS AND DIRECTORS**

TITLE	<b>POD</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHANAN, CLIFFORD</b>	
STREET ADDRESS	<b>331 COLLINS AVE # 7</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>SILVERMAN, CALVIN</b>	
STREET ADDRESS	<b>331 COLLINS AVE #8</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUSSIER, GASTER</b>	
STREET ADDRESS	<b>121 RAE EDWARD GREENFIELD PARK</b>	
CITY-ST-ZIP	<b>QUEBAC, CD J4r2c2</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OSCAR RODRIGUEZ</b>	
STREET ADDRESS	<b>331 Collins Ave # 9</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33139</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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: *Clifford E. Buchanan* **3/12/04** **305 505 3702**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #