## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FÍLED Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # F06261 1. Entity Name RAINBOW OPTICIANS, INC. Principal Place of Business Mailing Address 8521 NW 53 CT 8521 NW 53 CT LAUDERHILL, FL 33351-4818 LAUDERHILL, FL 33351-4818 CR2E034 (10/03) 02102005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2056454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINE, STEVEN, P.A. DO NOT WRITE 3890 W COMMERCIAL BLVD. SUITE 217 IN THIS SPACE FT LAUDERDALE, FL 33309 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) Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 490000287\$7\$ 04/04/05-8007\$-017 150.00 PT TITLE SHENFELD, EVAN NAME STREET ADDRESS 8521 NW 53RD CT LAUDERHILL, FL CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP 11111 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ШŢ 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 1 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:

ME

STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR