

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90021 033 ***150.00

DOCUMENT # L12608

1. Entity Name
RAINBOW COMPUTERS CORP.



Principal Place of Business

10877 NW 33 ST
MIAMI, FL 33172 US

Mailing Address

10877 NW 33 ST
MIAMI, FL 33172 US

50003759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0141824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PREPELITCHI, EDUARDO
1657 SW 156 AVE
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name **PREPELITCHI, EDUARDO**

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

9401 COLLINS AVE #502

City **SURFSIDE**

FL

Zip Code **33154**

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 of person in full charge of registered office and of applicable (NOTE: Registered Agent signature required when reinstating)

03/15/2006

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **PREPELITCHI, EDUARDO**
STREET ADDRESS **1657 SW 156 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE **SD** ☐ Delete
NAME **TAUSCHER, ELIAS**
STREET ADDRESS **1657 SW 156 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **PREPELITCHI, EDUARDO**
STREET ADDRESS **9401 COLLINS AVE #502**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **SD** ☒ Change ☐ Addition
NAME **TAUSCHER, ELIAS**
STREET ADDRESS **9401 COLLINS AVE #502**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2006

Date

305/592-2611

Daytime Phone #

EDUARDO PREPELITCHI

PREPELITCHI