


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 08:00 AM
Secretary of State

| | | | |
|---|--|--|--|
| DOCUMENT # L16575 1. Entity Name RAINBOW DRYCLEANERS, INC. | |  | |
| Principal Place of Business 4502 WEST VILLAGE DR. TAMPA FL 33624 | | Mailing Address 4502 WEST VILLAGE DR. TAMPA FL 33624 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BOND, NATHAN L 2121 KILLARNEY G TALLAHASSEE FL 32308 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | 4. FEI Number 59-2978203 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ALVAREZ, RAYMOND J 14913 EVERSHINE ST. TAMPA FL 33624 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ALVAREZ, VIRGINIA 14913 EVERSHINE ST. TAMPA FL 33624 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1100000273411 03/23/05-80027-023 150.00 |
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1st MOORE OR2E034 (10/04)

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 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]* **3/20/05 813-953-3119**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #