2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L62308

1. Entity Name
RAINBOW BLINDS AND INTERIORS OF THE PALM
BEACHES, INC.

Principal Place of Business	Mailing Address
818 FITCH DRIVE	P.O. BOX 056694
WEST PALM BEACH, FL 33415	W PALM BEACH, FL 33405-0694

DO NOT WRITE IN THIS SPACE

04012005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0183201		Not Applicable

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

6. Name and Address of Current Registered Agent

IGLESIAS, JUAN ROBERTO
818 FITCH DRIVE
W PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IGLESIAS, JUAN ROBERTO
STREET ADDRESS	818 FITCH DRIVE
CITY-ST-ZIP	W PALM BCH, FL

U00000287519
04/04/05-80073-002 150.00

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STREET ADDRESS	
CITY-ST-ZIP	

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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: _Juan R. Iglesias_   3/30/05   (561) 707-3637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #