

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 024 ***150.00

DOCUMENT # P00000005333 1. Entity Name SKJM RAINBOW PAINTING CO.																											
Principal Place of Business 6839 SW 158 COURT MIAMI, FL 33193		Mailing Address 6839 SW 158 COURT MIAMI, FL 33193																									
2. Principal Place of Business 16239 SW 97 ST		Mailing Address 16239 SW 97 ST																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Miami, FL		City & State Miami, FL																									
Zip 33196		Zip 33196																									
Country 		Country 																									
6. Name and Address of Current Registered Agent KAFRUNI, SAMIR A 6839 SW 158 COURT MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Kafruni, Samir A. Street Address (P.O. Box Number is Not Acceptable) 16239 SW 97 ST City Miami FL Zip Code 33196																									
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) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KARUNI, SAMIR A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6839 SW 158 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33193</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	KARUNI, SAMIR A		STREET ADDRESS	6839 SW 158 COURT		CITY-ST-ZIP	MIAMI, FL 33193		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">President</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kafruni, Samir A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16239 SW 97 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33196</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Kafruni, Samir A.		STREET ADDRESS	16239 SW 97 ST		CITY-ST-ZIP	Miami, FL 33196	
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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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>Date</div> <div>Daytime Phone #</div> </div>																											