## 17

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 10, 2005 08:00 AM **DOCUMENT # P00000005333 Secretary of State** SKJM RAINBOW PAINTING CO. Principal Place of Business Mailing Address 16239 SW 97 ST 16239 SW 97 ST MIAMI, FL 33196 MIAMI, FL 33196 .,,,,1///F& 02012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0974757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KAFRUNI, SAMIR A 16239 SW 97 ST MIAMI, FL 33196 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) U00000224011 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 02/10/05-80068-002 150.**0**0 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KAFRUNI, SAMIR A NAME 16239 SW 97 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 m NAME STREET ADDRESS CITY-ST-7iP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZIP thes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if left the empowered. 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or fustee empowered to changed, or on an attachment with an address, with all other. SIGNATURE: Daytime Phone # n de administraçõe escluiro desces de passerios

FILED