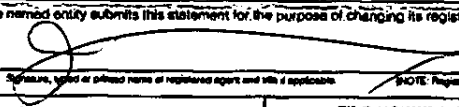


2002 UNIFORM BUSINESS REPORT (UBR)

1/8/02-90010-039-

FILED
Apr 11, 2002 8:00 am
Secretary of State

01-08-2002 90010 039 ***150.00

DOCUMENT # P01000066669			
1. Entity Name RAINBOW EXPRESSIONS, INC.			
Principal Place of Business 6662 SUNSET STRIP SUNRISE FL 33313		Mailing Address 6662 SUNSET STRIP SUNRISE FL 33313	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 105-1121881		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST, 4TH FLR MIAMI FL 33145		7. Name and Address of New Registered Agent Name ILSA M MORALES Street Address (P.O. Box Number is Not Acceptable) 6662 SUNSET STRIP City SUNRISE FL 33313	
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. SIGNATURE  DATE 4/11/02 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$850.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	DPST MORALES, ILSA M		
CITY-ST-ZIP	6662 SUNSET STRIP SUNRISE FL 33313		
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
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CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/4/02 984-557-0940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CFR004 (9/01)