

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034309

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: RAINBOW SHADES OF AMERICA, INC.

## Current Principal Place of Business:

4485 SW 161ST STREET  
OCALA, FL 34473

## New Principal Place of Business:

## Current Mailing Address:

4485 SW 161ST STREET  
OCALA, FL 34473

## New Mailing Address:

P.O. BOX 770010  
OCALA, FL 34477

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAMORA, ANTONIO R ESQ.  
201 SOUTH BISCAYNE BLVD.  
SUITE 2500  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TAMARIZ, JOSE L  
Address: P.O. BOX # 11189  
City-St-Zip: OCALA, FL 34473

Title: ST ( ) Delete  
Name: TAMARIZ, JOSE F  
Address: CASILLA POSTAL 10473  
City-St-Zip: GUAYAQUIL, ECUADOR S.A.,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TAMARIZ, JOSE L  
Address: P.O. BOX # 770010  
City-St-Zip: OCALA, FL 34477

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L TAMARIZ

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date