


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90197 035 ***150.00

DOCUMENT # P02000035520		
1. Entity Name RAINBOW SERVICES CO.		

Principal Place of Business 11864 ATLANTIC CIRCLE BOCA RATON, FL 33428	Mailing Address P. O. BOX 971512 BOCA RATON, FL 33497
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40085550

2. Principal Place of Business - No P.O. Box # 18774 CASPIAN CIR	3. Mailing Address Suite, Apt. #, etc.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State
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Zip 33496	Country Palm Beach	Zip	Country
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6. Name and Address of Current Registered Agent	
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LUGO, FERNANDO 11864 ATLANTIC CIRCLE BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent	
Name LUGO, FERNANDO	
Street Address (P.O. Box Number is Not Acceptable) 118774 CASPIAN CIR	
City BOCA RATON	State FL Zip Code 33496

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:  **President.** **04/24/07**
(NOTE: Registered Agent's Signature, typed or printed name is acceptable.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Monthly Addition Fee
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUGO, FERNANDO		NAME LUGO, FERNANDO	
STREET ADDRESS 11864 ATLANTIC CIRCLE		STREET ADDRESS 18774 CASPIAN CIRCLE	
CITY-ST-ZIP BOCA RATON, FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUGO, MARIA FERNANDA		NAME LUGO, MARIA FERNANDA	
STREET ADDRESS 11864 ATLANTIC CIRCLE		STREET ADDRESS 18774 CASPIAN CIRCLE	
CITY-ST-ZIP BOCA RATON, FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-24-07**
(NOTE: Registered Agent's Signature, typed or printed name is acceptable.) DATE Daytime Phone #

561-2183407