

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 90969 007 ***150.00

DOCUMENT # P02000069301



1. Entity Name
RAINBOW ICE INC.

Principal Place of Business
**8942 RT 52
HUDSON FL 34667**

Mailing Address
**8942 RT 52
HUDSON FL 34667**

55042986



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Zip Country

4. FEI Number **04-3680929** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAROOQ, RABINA
11431 STONEY BROOK PATH
PORT RICHEY FL 34668**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **FAROOQ, RUGIA**
STREET ADDRESS **11431 STONY BROOK PATH**
CITY-ST-ZIP **PORT RICHEY FL 34668**

Change Addition

TITLE **M. FAROOQ** Delete
NAME **M. FAROOQ**
STREET ADDRESS **11431 STONY BROOK PATH**
CITY-ST-ZIP **PORT RICHEY FL 34668**

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 : 727 868-7445
Date Daytime Phone #

CR2E034 (10/02)