

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107714

1. Entity Name
RAINMAKER TEAM, INC.



FILED

04 JUN 10 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9930 SW 218 TERRACE
MIAMI, FL 33190 US

Mailing Address
9930 SW 218 TERRACE
MIAMI, FL 33190 US



2. Principal Place of Business

3. Mailing Address

05282004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
36-4514136

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

MIRABAL, LOURDES
9952 SW 8TH ST., #228
MIAMI, FL 33174

Name

Street Address (P.O. Box Number is Not Applicable)

City

MIAMI

FL

Zip Code
33174

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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MIRABAL, LOURDES
STREET ADDRESS 9952 SW 8 STREET, #228
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700038481927
CITY-ST-ZIP 06/30/04--01046--018 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

LOURDES MIRABAL