## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 02, 2004 8:00 am Secretary of State **DOCUMENT # P03000004316** 09-02-2004 90073 039 \*\*\*150.00 RAINBOW 7 PLUS, INC. Principal Place of Business Mailing Address 19151 S. DIXIE HIGHWAY 19151 S. DIXIE HIGHWAY りおひしておひり SUITE 103 **SUITE 103** MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08272004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOUREDDINE, ALI 8215 LAKE DRIVE #B-405 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33166 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Oelete ☐ Change Addition NAME **NOUREDDINE, ALI** NAME STREET ADDRESS 8215 LAKE DRIVE #B-405 STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SIBAI, ASSAAD NAME NAME STREET ADDRESS 8255 LAKE DRIVE #F-406 STREET ADDRESS MIAMI, FL 33166 CiTY-ST-ZIP City-st.7P TITLE Defete TITLE Change Addition NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP

12. Thereby cartify 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: 7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hachment 54071463 Dr. # 1030000043/6

August 27, 2004

Division of Corporations Uniform Business Reports P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Uniform Business Report

Rainbow 7 Plus, Inc.

Certificate # P 03000004316

Attached please find Uniform Business Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

Please accept the 150.00 Dollars payment and waive the penalty for being late for the years 2004 filing, due to the fact that I did not received the annual renewal report on time to file.

If further information is needed, please contact me.

Sincerely,

Ali Noureddine

8215 Lake Drive # F-405

Miami, Florida 33166