

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90259 038 ***150.00

DOCUMENT # P03000033763	
1. Entity Name RAINBOW REFINISH, INC.	



Principal Place of Business 3791 WEST 18 AVE MIAMI, FL 33012	Mailing Address 3791 WEST 18 AVE MIAMI, FL 33012
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50042009



2. Principal Place of Business <u>3791 West 18 Ave</u>	3. Mailing Address <u>3791 West 18 Ave</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>HAIALEAH, FLORIDA</u>	City & State <u>HAIALEAH, FLORIDA</u>
Zip <u>33012</u>	Country <u>USA</u>

4. FEI Number 65-1179361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICA HOME INVESTMENTS, CORP. 6034 SW 24 ST MIAMI, FL 33155	
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7. Name and Address of New Registered Agent Name <u>ESPINOSA, GUILLERMO</u> Street Address (P.O. Box Number is Not Acceptable) <u>3791 WEST 18 AVE</u> City <u>HAIALEAH</u> FL Zip Code <u>33012</u>	
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent, if applicable.	DATE <u>4/18/2005</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P ESPINOSA, GUILLERMO 3791 WEST 18 AVE MIAMI, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VP GOMEZ, SILVIA O 3791 WEST 18 AVE MIAMI, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P ESPINOSA, GUILLERMO 3791 WEST 18 AVE HAIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP GOMEZ, SILVIA O. 3791 WEST 18 AVE HAIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/18/2005</u> Daytime Phone #