

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90012 022 ***150.00

DOCUMENT # P03000122920

1. Entity Name
RAINBOW HOMES REAL ESTATE INC.



Principal Place of Business
**1221 NORTH MAIN STREET
KISSIMMEE, FL 34744**

Mailing Address
**1221 NORTH MAIN STREET
KISSIMMEE, FL 34744**

54038579



2. Principal Place of Business

3. Mailing Address
717 East Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State

City & State
Kissimmee, FL

4. FEI Number
75-3135672

Applied For
Not Applicable

Zip

Country

Zip
34744

Country
US

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

**ORTZ, LUCIA
1221 NORTH MAIN STREET
KISSIMMEE, FL 34744**

Name
Ortiz, Lucia (named spelled incorrectly)

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

Lucia Ortiz Lucia Ortiz CEO

March 1st, 2004

Signature, typed or printed name of registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
ORTIZ, LUCIA
1221 NORTH MAIN STREET
KISSIMMEE, FL 34744**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST

☐ Change ☒ Addition

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☐ 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)(f), 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:

Lucia Ortiz Lucia Ortiz

March 1, 2004

407-921-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #