

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 005 ***150.00

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DOCUMENT # P03000122920 1. Entity Name RAINBOW HOMES REAL ESTATE INC.																													
Principal Place of Business 1221 NORTH MAIN STREET KISSIMMEE, FL 34744			Mailing Address 717 EAST OAK ST KISSIMMEE, FL 34744																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
ORTIZ, LUCIA 1221 NORTH MAIN STREET KISSIMMEE, FL 34744				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">CEOD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ORTIZ, LUCIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1221 NORTH MAIN STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34744</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	CEOD	<input type="checkbox"/> Delete	NAME	ORTIZ, LUCIA		STREET ADDRESS	1221 NORTH MAIN STREET		CITY-ST-ZIP	KISSIMMEE, FL 34744		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>Lucia Ortiz</u> Lucia Ortiz <u>4-14-05</u> <u>407-931-1080</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													