
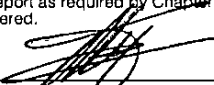


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90012 001 ***550.00

09-03-2008 90012 002 *****8.75

DOCUMENT # P07000016383 1. Entity Name THE RAINBOW OF YAWE CORPORATION					
Principal Place of Business 1901 NORTH PINE ISLAND ROAD PLANTATION, FL 33324 US <i>P.O. Box 16746 us</i> <i>Plantation FL 33318</i>			Mailing Address 1901 NORTH PINE ISLAND ROAD PLANTATION, FL 33324 US <i>P.O. Box 16746</i> <i>Plantation FL 33318 US</i>		
2. Principal Place of Business - No P.O. Box # <i>6991 W Broward Bl.</i>			3. Mailing Address Suite, Apt. #, etc. <i>Suite 105 A</i>		
City & State <i>Plantation FL</i>			City & State City: _____ State: _____		
Zip <i>33322</i>		Country _____		4. FEI Number <i>650537674</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARTY, CAROLE D <i>→ 6991 W Broward Bl.</i> PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ <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 \$550.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	OWNE <i>President & Treasurer</i> <input type="checkbox"/> Delete ARTY, CAROLE D <i>7001 N. W 16th St Apt 218 A</i> PLANTATION, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President, and Secretary</i> <input type="checkbox"/> Delete CHAD ARTY <i>7001 N. W 16th St Apt 218 A</i> PLANTATION FL 33313		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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: <i>CAROLE D ARTY</i>  <i>8/20/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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