

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111622

FILED
Sep 01, 2009
Secretary of State

Entity Name: CNP RAINBOW FEVER INC.

Current Principal Place of Business:

14431 SW 285TH ST
HOMESTEAD, FL 33038

New Principal Place of Business:

14431 SW 285TH ST
HOMESTEAD, FL 33033 US

Current Mailing Address:

14431 SW 285TH ST
HOMESTEAD, FL 33038

New Mailing Address:

14431 SW 285TH ST
HOMESTEAD, FL 33033 US

FEI Number: 80-0327665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROJAS, CLAUDIA
14431 SW 285TH ST
HOMESTEAD, FL 33038 US

Name and Address of New Registered Agent:

ROJAS, CLAUDIA
14431 SW 285TH ST
HOMESTEAD, FL 33033 US

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.

SIGNATURE: CLAUDIA ROJAS

09/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROJAS, CLAUDIA M
Address: 14431 SW 285TH ST
City-St-Zip: HOMESTEAD, FL 33038

Title: V () Delete
Name: DOMINQUEZ, PAULETTE J
Address: 14431 SW 285TH ST
City-St-Zip: HOMESTEAD, FL 33038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROJAS, CLAUDIA M
Address: 14431 SW 285TH ST
City-St-Zip: HOMESTEAD, FL 33033 US

Title: V (X) Change () Addition
Name: DOMINQUEZ, PAULETTE J
Address: 14431 SW 285TH ST
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA ROJAS

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date