

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

DOCUMENT # P92000014028

1. Entity Name

RAINBOW LIGHTING SYSTEMS, INC.



02-28-2008 90078 001 ***150.00

02-28-2008 90078 002 *****8.75

Principal Place of Business

5719-23 N.W. 7 ST
MIAMI FL 33126
US

Mailing Address

2505 DESOTO BLVD
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0382864

Applied For

Not Applicable

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

BONAFONTE, RAFAEL M
2505 DE SOTO BLVD
CORAL GABLES FL 33134

Name

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

S
BONAFONTE, RAFAEL
2505 DE SOTO BLVD
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DIRECTOR
BONAFONTE, RAFAEL III
2505 DE SOTO BLVD
CORAL GABLES, FL 33134

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DIRECTOR
BONAFONTE, ALEXANDER
2505 DE SOTO BLVD
CORAL GABLES, FL 33134

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DIRECTOR
BONAFONTE, BYRON
2505 DE SOTO BLVD
CORAL GABLES, FL 33134

☐ Change ☒ Addition

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STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address with another fee empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 FEB 2008 3059058445