

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032656

FILED
May 13, 2009
Secretary of State

Entity Name: RAINBOW CRAFT INTERNATIONAL, CORP.

Current Principal Place of Business:

410 WEST 49TH STREET
101-104
HIALEAH, FL 33012

New Principal Place of Business:

2750 WEST 68 ST
135
HIALEAH, FL 33016

Current Mailing Address:

410 WEST 49TH STREET
101-104
HIALEAH, FL 33012

New Mailing Address:

1636 NW 82 AV
DORAL, FL 33126

FEI Number: 65-0629761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENZAQUEN, GASTON
6000 ISLAND BLVD
1008
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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:

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: PD () Delete
Name: BENZAQUEN, GASTON B
Address: 6000 ISLAND BLVD APT # 1008
City-St-Zip: AVENTURA, FL 33160

Title: VTD () Delete
Name: BENZAQUEN, BRIGITTE
Address: 10155 COLLINS AVE #906
City-St-Zip: MIAMI BEACH, FL 33154

Title: SD () Delete
Name: BENZAQUEN, ABRAHAM
Address: 10155 COLLINS AVE #906
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GASTON BENZAQUEN

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date