05-06-1999 90192 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002504

1. Corporation Name

RAINBOW PAINTING & REMODELING, INC.

Principal Place	of Business	Mailing Address				
9532 NW 8TH CIR 9532 NW 8TH CIR						
PLANTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE IN TH	S SDACE	
				Date Incorporated or Qualifed	3 SPACE	
				01/04/1996		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	200 07 20311033	26		65-0632734	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Personal Property Tax.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
LIMOR, NEELY				Com Zvida		
17331 SW 65TH CT				dress (P.O. Box Number is Not Acceptable)		
	DERDALE FL 33331			10 Oakes 17000		
LAUDERDALE FL 33331				vite "B		
84				t Londerhole F	L 85 Zip Code 4	
11 Pursuant to the provisions of Stations 602 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered						
1/8/99						
SIGNATURE Signature: 1994 on printed name of registered agent and title II applicable. (NOTE: Registered Agent signature i						
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Rami Zvida	Change Addition	
NAME	ZVIDA, RAMI		1.2 NAME	4710 Dakes Road Soit	; B,	
STREET ADDRESS	9532 NW 8TH CT		1.3 STREET ADDRESS	Kanni Zvida 4720 Oakes Road Soit Et Larderdale FL	327/4	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	to hardendale Th		
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	FADLON, YUVAL		00014115		1	
			2.2 NAME		i	
	1301 NE MIAMI GARDEN DR		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP		179	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Channe DAddition	
CITY-ST-ZIP TITLE	1301 NE MIAMI GARDEN DR		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
	1301 NE MIAMI GARDEN DR	179	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition	
TITLE	1301 NE MIAMI GARDEN DR	179	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1301 NE MIAMI GARDEN DR	179 ☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if chapter or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (11/98)