

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90010 009 ***150.00

DOCUMENT # P97000064372

1. Entity Name

RAINBOW LEGAL & MEDICAL SERVICES, INC.



Principal Place of Business

4025 N. FEDERAL HWY., #112-B
FT. LAUDERDALE FL 33308

Mailing Address

4025 N. FEDERAL HWY., #112-B
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2601 N.E. 32nd St

3. Mailing Address

2601 N.E. 32nd St

Suite, Apt. #, etc.

Apt #1

Suite, Apt. #, etc.

Apt #1

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip 33306

Country

USA

Zip 33306

Country

USA

4. FEI Number

65-0790611

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOPCZYNSKI, GERALD E
4025 N. FEDERAL HWY., #112-B
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2601 N.E. 32nd St Apt #1

City

FT. LAUDERDALE

FL

Zip 33306

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 resigning.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STOPCZYNSKI, GERALD E	
STREET ADDRESS	4025 N. FEDERAL HWY., #112-B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPCZYNSKI, GERALD E	
STREET ADDRESS	2601 N.E. 32nd St Apt #1	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: GERALD E. STOPCZYNSKI 3/20/04 954-64400