

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 045 ***150.00

DOCUMENT # P98000062922

1. Entity Name
RAINBOW JANITORIAL SERVICES, INC.



Principal Place of Business

~~C/O JUPITER LAW CENTER CHASEWOOD PLAZA~~
~~SUITE 30, 6390 INDIANTOWN RD~~
~~JUPITER, FL 33458~~

Mailing Address

~~C/O JUPITER LAW CENTER CHASEWOOD PLAZA~~
~~SUITE 30, 6390 INDIANTOWN RD~~
~~JUPITER, FL 33458~~

Change of Address:
Rainbow Janitorial Services, Inc
2501 E Jupiter Pk Dr
Jupiter, FL 33458



DO NOT WRITE IN THIS SPACE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0881357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROSSI, CHERYL
18028 ANCHOR DRIVE
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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

Cheryl Rossi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSSI, CHERYL A
18028 ANCHOR DR
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Cheryl Rossi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 561 7437424

Date

Daytime Phone #