

2005 FOR PROFIT CORPORATION ANNUAL REPORT

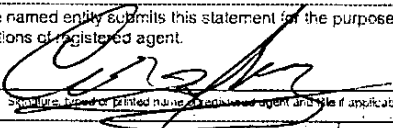
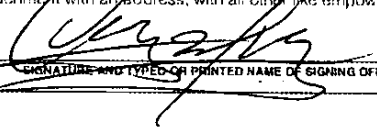
FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90021 027 ***150.00

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02072005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000028546			
1. Entity Name RAINBOW PAINTING ENTERPRISES, INC.			
Principal Place of Business 5168 NORTHRIDGE RD APT 101 SARASOTA, FL 34238		Mailing Address 1569 SHADOW RDG CIR SARASOTA, FL 34240	
2. Principal Place of Business 26016 79th Ave E		3. Mailing Address Suite, Apt. #, etc.	
City & State Myakka City		City & State	
Zip 34251	Country	Zip	Country
4. FEI Number 65-0907526		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, CARLOS 5168 NORTHRIDGE RD APT 101 SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 26016 79th Ave E Myakka City FL 34251	
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 		DATE 2-7-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D MARTINEZ, CARLOS 5168 NORTHRIDGE RD APT 101 SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 26016 79th Ave E Myakka City FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, CHRYSAL 5168 NORTHRIDGE RD APT 101 SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 26016 79th Ave E Myakka City FL 34251
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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: 		DATE 2-7-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	