2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90021 027 ***150.00

DOCUMENT # P99000028546

1. Entity Name
RAINBOW PAINTING ENTERPRISES, INC.

400108373

Principal Place of Business	Mailing Address
5168 NORTHRIDGE RD APT 101 SARASOTA, FL 34238	1569 SHADOW RDG CIR SARASOTA, FL 34240

02072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
26016 79th Ave E	
Suite, Apt. #, etc.	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
City: Myakka City FL Zip Code: 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: [signature] DATE: 2-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, CHRYSTAL 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: [signature] 2-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #