

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45582** (6)

1. Corporation Name

RAINBOW JUMPERS, INC.

Principal Place of Business

**3594 ENSIGN CIRCLE
DELRAY BEACH FL 33483**

Mailing Address

**3594 ENSIGN CIRCLE
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/19/1992

3a. Date of Last Report

02/11/1994

4. FEI Number

65-0344210

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**ABDULLRAHMAN, B.S.S.
3594 ENSIGN CIRCLE
DELRAY BEACH FL 33483**

10. Name and Address of Now Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ABDULLRAHMAN, B.S.S.**
STREET ADDRESS **3594 ENSIGN CIR.**
CITY-ST-ZIP **DELRAY BCH. FL**

TITLE **D**
NAME **SAUD, SHAMSAH**
STREET ADDRESS **3594 ENSIGN CIR.**
CITY-ST-ZIP **DELRAY BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **OFFICER**
1.2 NAME **ABDULLRAHMAN**
1.3 STREET ADDRESS **3594 ENSIGN CIR.**
1.4 CITY-ST-ZIP **DELRAY BEACH FL.**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: **ABDULLRAHMAN, B.S.S.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 95 **4072438383**
Date
Debit/Invoice #