


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000115586  
 1. Entity Name  
 MIAMI GOLDEN RAINBOW, INC.



Principal Place of Business  
 10395 SW 154 CIR CT  
 #101  
 MIAMI, FL 33196

Mailing Address  
 10395 SW 154 CIR CT  
 #101  
 MIAMI, FL 33196

**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1081158

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MAZZA-MARTINEZ, TANIA A  
 782 NW 42 AVE, STE 638  
 MIAMI, FL 33126

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | P                    |
| NAME            | VALERO, MARCO A      |
| STREET ADDRESS  | 11534 SW 149 CT      |
| CITY - ST - ZIP | MIAMI, FL 33196      |
| TITLE           | D                    |
| NAME            | FAMIGLIETTI, ROSANNA |
| STREET ADDRESS  | 11534 SW 149 CT      |
| CITY - ST - ZIP | MIAMI, FL 33196      |
| TITLE           | D                    |
| NAME            | VALERO, YELITZA      |
| STREET ADDRESS  | 11534 SW 149 CT      |
| CITY - ST - ZIP | MIAMI, FL 33196      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

000000120314  
 04/19/04-80127-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marco A. Valero 4/15/04 205282869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #