


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 <input type="checkbox"/>	\$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

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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 NAME STREET ADDRESS CITY - ST - ZIP	P VALERO, MARCO A 11534 SW 149 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAMIGLIETTI, ROSANNA 11534 SW 149 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALERO, YELITZA 11534 SW 149 CT MIAMI, FL 33196
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 04/19/04-80127-013 150.00

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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)(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 Date: 4/15/04 Daytime Phone #: 3057527869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR