


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90215 002 ***150.00

DOCUMENT # P93000035902	
1. Entity Name RAINBOW CARGO, INC.	

Principal Place of Business 8364 NW 68TH STREET MIAMI, FL 33166 US	Mailing Address 8364 NW 68TH STREET MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0410318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AGUIRRE, MARINA 3638 ALCANTARA AVE MIAMI, FL 33178

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GONZALO, AGUIRRE 3638 ALCANTARA AVE #D64 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AGUIRRE, MARINA 3638 ALCANTARA AVE #D64 MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gonzalo R. Aguirre 2-28-2004 305-597-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #