


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G74057 1. Entity Name RAINBOW HEALTH CORP.			
Principal Place of Business 7500 SW 8TH ST., PH2 MIAMI, FL 33144		Mailing Address P.O. BOX 330044 MIAMI, FL 33233	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent VELOSO, ANGEL 7500 S.W. 8TH ST., PH2 MIAMI, FL 33144		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VELOSO, ANGEL 7500 S.W. 8TH ST., PH2 MIAMI, FL 33144		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOPEZ-FERNANDEZ, ORLANDO 7500 S.W. 8TH ST. MIAMI, FL 33144		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARRIOS, HUMBERTO 7500 S.W. 8TH ST. MIAMI, FL 33144		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RODRIGUEZ, SERGIO MAX 7500 S.W. 8TH ST. MIAMI, FL 33144		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ANGEL VELOSO, 4/15/04 (305) 643-5. _____ Date Daytime Phone #	