

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G74057 1. Entity Name RAINBOW HEALTH CORP.	
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Principal Place of Business 7500 SW 8TH ST., PH2 MIAMI, FL 33144	Mailing Address P.O. BOX 330044 MIAMI, FL 33233
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2419913	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	

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04/25/05-80014-016 150.00

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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)(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: ANGEL VELOSO, 4/13/05 (305) 643-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #