


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90418 038 \*\*\*150.00

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # G74057</b>                      |  |
| 1. Entity Name<br><b>RAINBOW HEALTH CORP.</b> |                                                                                   |

|                                                                                |                                                               |
|--------------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>7500 SW 8TH ST., PH2<br/>MIAMI, FL 33144</b> | Mailing Address<br><b>P.O. BOX 330044<br/>MIAMI, FL 33233</b> |
|--------------------------------------------------------------------------------|---------------------------------------------------------------|

|                                                             |                                                  |
|-------------------------------------------------------------|--------------------------------------------------|
| 2. Principal Place of Business<br><b>7500 S.W. 8 th St.</b> | 3. Mailing Address<br><b>Suite, Apt. #, etc.</b> |
| <b>Suite 307</b>                                            | <b>Suite, Apt. #, etc.</b>                       |
| City & State<br><b>Miami, Fl.</b>                           | City & State                                     |
| Zip<br><b>33144</b>                                         | Country<br><b>USA</b>                            |



04042006 Chg-P CR2E034 (11/05)

|                                                                                                                        |  |                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>59-2419913</b>                                                                                     |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |                                                                                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>VELOSO, ANGEL<br/>7500 S.W. 8TH ST., PH2<br/>MIAMI, FL 33144</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Angel Veloso</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7500 S.W. 8th St. #307</b><br>City<br><b>Miami</b> FL Zip Code<br><b>33144</b> |

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 \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VELOSO, ANGEL<br>7500 S.W. 8TH ST., PH2<br>MIAMI, FL 33144 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7500 S.W. 8th St. #307</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LOPEZ-FERNANDEZ, ORLANDO<br>7500 S.W. 8TH ST.<br>MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BARRIOS, HUMBERTO<br>7500 S.W. 8TH ST.<br>MIAMI, FL 33144 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>RODRIGUEZ, SERGIO MAX<br>7500 S.W. 8TH ST.<br>MIAMI, FL 33144 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ICA empowered.

SIGNATURE: Sergio Max Rodriguez & Angel Veloso 4/17/06 (305) 643-5040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #