2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # G74057

1. Entity Name
RAINBOW HEALTH CORP.

Principal Place of Business	Mailing Address
7500 SW 8TH ST. STE 307 MIAMI, FL 33144	P.O. BOX 330044 MIAMI, FL 33233

01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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., STE 307
MIAMI, FL 33144

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VELOSO, ANGEL
STREET ADDRESS	7500 SW 8TH ST. STE 307
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VD
NAME	LOPEZ-FERNANDEZ, ORLANDO
STREET ADDRESS	7500 S.W. 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	SD
NAME	BARRIOS, HUMBERTO
STREET ADDRESS	7500 S.W. 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TD
NAME	RODRIGUEZ, SERGIO MAX
STREET ADDRESS	7500 S.W. 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000721339
05/01/07-80141-010 150.00

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 like empowered.

SIGNATURE: _____ ANGEL VELOSO 4/14/07 305-643-5940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #