


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 002 ***150.00

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| DOCUMENT # G74057 1. Entity Name RAINBOW HEALTH CORP. | | | |  | |
| Principal Place of Business 7500 SW 8TH ST. STE 307 MIAMI, FL 33144 | | | Mailing Address P.O. BOX 330044 MIAMI, FL 33233 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 309 | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2419913 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent VELOSO, ANGEL 7500 S.W. 8TH ST., STE 307 MIAMI, FL 33144 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 309 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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, 2008 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VELOSO, ANGEL 7500 SW 8TH ST. STE 307 MIAMI, FL 33144 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7500 SW 8th St., Suite 309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOPEZ-FERNANDEZ, ORLANDO 7500 S.W. 8TH ST. MIAMI, FL 33144 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Sergio Max Rodriguez 7500 S.W. 8th St., Suite 302 Miami, Fl. 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARRIOS, HUMBERTO 7500 S.W. 8TH ST. MIAMI, FL 33144 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Rogelio Zaldivar 7500 SW 8th St., Suite 203 Miami, Fl. 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RODRIGUEZ, SERGIO MAX 7500 S.W. 8TH ST. MIAMI, FL 33144 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD David Orta 7500 SW 8th St. Suite 209 Miami, Fl. 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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: _____ <i>Angel Veloso</i> 4/11/08 (305) 643-5040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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\$8.75 Additional Fee Required