2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# G74057

Entity Name: RAINBOW HEALTH CORP.

Current Principal Place of Business:

7500 SW 8TH ST. STE 307
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330044
MIAMI, FL 33233

New Mailing Address:

FEI Number: 59-2419913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELOSO, ANGEL
7500 S.W. 8TH ST., STE 307
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VELOSO, ANGEL
Address: 7500 SW 8TH STREET, SUITE #309
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete
Name: RODRIGUEZ, SERGIO M
Address: 7500 SW 8TH STREET, SUITE#302
City-St-Zip: MIAMI, FL 33144

Title: SD ( ) Delete
Name: ZALDIVAR, ROGELIO
Address: 7500 SW 8TH STREET, SUITE #203
City-St-Zip: MIAMI, FL 33144

Title: TD ( ) Delete
Name: ORTA, DAVID
Address: 7500 SW 8TH STREET, SUITE #209
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL VELOSO PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date