

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74057

FILED  
Feb 22, 2011  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VELOSO, ANGEL  
Address: 7500 SW 8TH STREET, SUITE #307  
City-St-Zip: MIAMI, FL 33144

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANGEL VELOSO

PD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date