


**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91244 031 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # P00000042931</b><br>1. Entity Name<br><b>RAINBOW CONCRETE OF MIAMI, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>1321 SW 142ND AVE.<br>MIAMI, FL 33184 | <b>Mailing Address</b><br>1321 SW 142ND AVE.<br>MIAMI, FL 33184 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1003468</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><br>PRADO, MAGGIE<br>1321 SW 142ND AVE.<br>MIAMI, FL 33184 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GUZMAN, CIRILO<br>1010 NE 138 ST.<br>NORTH MIAMI, FL 33161 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PRADO, MAGGIE<br>1321 SW 142 AVE.<br>MIAMI, FL 33184       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date: 5/14/04 Daytime Phone: \_\_\_\_\_