

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90731 028 \*\*\*158.75

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**DOCUMENT # P00000101773**

1. Entity Name  
**RAINBOW INDUSTRIES CORPORATION**



Principal Place of Business  
**8100 W. OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016-2113**

Mailing Address  
**8100 W. OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016-2113**



2. Principal Place of Business  
**9750 N.W. 79th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hialeah Gardens, FL**

City & State

4. FEI Number **65-1052223**

Applied For  
 Not Applicable

Zip Country  
**33016 Miami-Dade**

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAN ANASTASIO, MARIA  
14131 NW 84TH COURT, #401  
MIAMI LAKES FL 33016-1543**

Name  
**San Anastasio, Maria**  
Street Address (P.O. Box Number is Not Acceptable)

**10355 N.W. 133rd St.**  
City **FL** Zip Code **33018**  
**Hialeah Gardens**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>PTDC</b> <b>SAN ANASTASIO, MARIA</b> <b>14131 NW 84TH COURT, #4101</b> <b>MIAMI LAKES FL 33016-1543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BERNET, EDUARDO J</b> <b>9901 N.W. 9 STREET CIR-2</b> <b>MIAMI FL 33172</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERNET, MARIALA V</b> <b>9901 N.W. 9 STREET CIR-2</b> <b>MIAMI FL 33172</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>VILLAMANAN, RICHARD</b> <b>14131 NW 84TH COURT, #4101</b> <b>MIAMI LAKES FL 33016-1543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTDC, VS</b> <b>San Anastasio, Maria</b> <b>10355 N.W. 133rd St.</b> <b>Hialeah Gardens, FL 33018</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Villamanan, Richard</b> <b>10355 N.W. 133rd St.</b> <b>Hialeah Gardens, FL 33018</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard Villamanan / Richard Villamanan 04/01/03 (305) 572-3919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)