


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90040 005 ***150.00

DOCUMENT # P01000013920

1. Entity Name
RED RAINBOW CORPORATION



Principal Place of Business Mailing Address

2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE
 SUITE 1100 SUITE 1100
 MIAMI, FL MIAMI, FL

2. Principal Place of Business 3. Mailing Address

5960 SW 57 AVE **5960 SW 57 AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL **Miami, FL**


Zip Country Zip Country

33143 **US** **33143** **US**

6. Name and Address of Current Registered Agent

GRAYSON, MOISES T
25 SE 2ND AVENUE
SUITE 730
MIAMI, FL 33131

54010740



02192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

04-3696718 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00

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	PD <input type="checkbox"/> Delete	TITLE	VP S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI, GUIDO ALBI	NAME	EVELYN RODRIGUEZ
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE SUITE 1100	STREET ADDRESS	5960 SW 57 AVE
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	Miami, FL 33143
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EVELYN	NAME	
STREET ADDRESS	2665 S. BAYSHORE DR STE 1100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, INGRIO	NAME	
STREET ADDRESS	2665 S. BAYSHORE DR STE 1100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **EVELYN RODRIGUEZ/VP** **02/19/04** **305-455-3358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #