


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90344 032 \*\*\*150.00

<b>DOCUMENT # P01000044513</b>	
<b>1. Entity Name</b> RAINBOW CORPORATION	

<b>Principal Place of Business</b> 13789 SW 66 ST. APT. F-274 MIAMI, FL 33138	<b>Mailing Address</b> 13789 SW 66 ST. APT. F-274 MIAMI, FL 33138
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<b>2. Principal Place of Business</b> 6830 S.W. 128 place Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6830 S.W. 128 place Suite, Apt. #, etc.
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04032004 Chg-P CR2E034 (10/03)

<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL
<b>Zip</b> 33183	<b>Country</b> U.S.A

<b>4. FEI Number</b> 65-1100687	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CORONA, MARITZA 269 N. UNIVERSITY DR. SUITE J PEMBROKE PINES, FL 33024	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD	<b>NAME</b> LOPEZ, OSCAR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 13789 SW 66 ST.	<b>CITY-ST-ZIP</b> MIAMI, FL 33138	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> VPD	<b>NAME</b> LOPEZ, MARLENE	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 13789 SW 66 ST.	<b>CITY-ST-ZIP</b> MIAMI, FL 33138	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:** \_\_\_\_\_ **4/3/04** **(786) 487-6824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #