
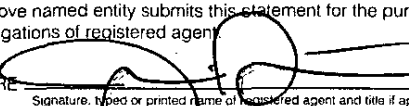


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90504 022 \*\*\*150.00

|  |                                |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
|--|--------------------------------|---|--|---|--|------|---------------------------|--|----------------|--------------------------|--|-------------|----------------------|--|--|--|--|-------|-----------|---|------|----------------|--|----------------|--------------------------------|--|-------------|--|--|
| <b>DOCUMENT # P01000081487</b><br>1. Entity Name<br><b>NATURE'S RAINBOW, INC.</b>  |                                |   |  |  |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| Principal Place of Business<br><b>7028 SW 46TH STREET<br/>MIAMI FL 33155</b>   |                                |   | Mailing Address<br><b>7028 SW 46TH STREET<br/>MIAMI FL 33155</b>   |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                                |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| 4. FEI Number <b>36-4462643</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><b>HUNT, CHRISTINE<br/>1830 MERIDIAN AVENUE 704<br/>MIAMI BEACH FL 33139</b>  |                                |   | 7. Name and Address of New Registered Agent<br>Name <b>JUDITH SANTANA</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>7028 SW 46th St.</b><br>City <b>Miami</b> FL <b>33155</b> |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| 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.<br>SIGNATURE  DATE <b>3/12/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PD</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOLLINGER HUNG, CHRISTINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1830 MERIDIAN AVE, #1105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL 33139</td> <td></td> </tr> </table>   |                                |   | TITLE  | PD  | <input checked="" type="checkbox"/> Delete | NAME | BOLLINGER HUNG, CHRISTINE |  | STREET ADDRESS | 1830 MERIDIAN AVE, #1105 |  | CITY-ST-ZIP | MIAMI BEACH FL 33139 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PRESIDENT</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JUDITH SANTANA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7028 SW 46th St Miami FL 33155</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | JUDITH SANTANA |  | STREET ADDRESS | 7028 SW 46th St Miami FL 33155 |  | CITY-ST-ZIP |  |  |
| TITLE  | PD                             | <input checked="" type="checkbox"/> Delete  |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| NAME   | BOLLINGER HUNG, CHRISTINE      |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| STREET ADDRESS   | 1830 MERIDIAN AVE, #1105       |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| CITY-ST-ZIP  | MIAMI BEACH FL 33139           |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| TITLE  | PRESIDENT                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| NAME   | JUDITH SANTANA                 |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| STREET ADDRESS   | 7028 SW 46th St Miami FL 33155 |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| CITY-ST-ZIP  |                                |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
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| NAME   | SANTANA, JUDY                  |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| STREET ADDRESS   | 7028 SW 46TH STREET            |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
| CITY-ST-ZIP  | MIAMI FL 33155                 |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
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| STREET ADDRESS   |                                |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
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| STREET ADDRESS   |                                |   |  |   |  |      |                           |  |                |                          |  |             |                      |  |  |  |  |       |           |   |      |                |  |                |                                |  |             |  |  |
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/04** **305 667 9311**  
Date Daytime Phone #