2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

tose A KOMERO, ACCOUNTANT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2004 8:00 am **Secretary of State** DOCUMENT # P03000021292 1. Entity Name 03-24-2004 90010 002 ***158.75 RAINBOW GROUP, INC. Principal Place of Business Mailing Address 1840 SOUTHWEST 22ND STREET 4TH FLOOR 1840 SOUTHWEST 22ND STREET 4TH FLOOR 54021799 PMB 4-145 MIAMI FL 33145 PMB 4-145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address 37th ST. 780/ N.W 780/ N.W 3774 Suite, Apt. #, etc. Suite # 202 B (TRANEX 60223) MOORE CR2E034 (11/03) Surte # 202 B 4. FEI Number City & State Applied For City & State 20-0041669 MIAMI. MIAM! Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Transfer and the second SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ☐ Change [7] Addition NAME RODRIGUEZ, HUGO HERNAN D NAME 780/NW 37 th ST. STE 2028 1840 SOUTHWEST 22ND STREET 4TH FLOOR STREET ADDRESS STREET ADDRESS MIAMI FL 33145 MIDMI. PL 33/66 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED

03/16/2000