


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90701 012 \*\*\*150.00

<b>DOCUMENT # P03000045980</b>																	
<b>1. Entity Name</b> ARCOIRIS, CORP.																	
<b>Principal Place of Business</b> 777 NW 72 AVE., #2BB62 MIAMI, FL 33126			<b>Mailing Address</b> 777 NW 72 AVE., #2BB62 MIAMI, FL 33126														
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State															
Zip		Country		Zip													
Country		Country		Country													
<b>4. FEI Number</b> <b>56-2364902</b>																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
<b>6. Name and Address of Current Registered Agent</b>																	
VIRTO, FERNANDO 18041 BISCAYNE BLVD., #703 MIAMI, FL 33160																	
<b>7. Name and Address of New Registered Agent</b>																	
Name																	
Street Address (P.O. Box Number is Not Acceptable)																	
City																	
State <b>FL</b> Zip Code																	
<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.</b>																	
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> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
<b>10. OFFICERS AND DIRECTORS</b>																	
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<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.</b>																	
<b>SIGNATURE:</b> <i>F. Virto</i> <span style="float: right;">04/28/04</span>																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date Daytime Phone #																	