

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097262

FILED
Feb 21, 2012
Secretary of State

Entity Name: MI ARCOIRIS FAMILY CARE INC.

Current Principal Place of Business:

431 E 10 ST
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

431 E 10 ST
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 57-1189668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, SAILE
431 E 10 ST
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: CRUZ, SAILE
Address: 431 E 10 ST
City-St-Zip: HIALEAH, FL 33010

Title: VP
Name: RODRIGUEZ, DAVIS P
Address: 431 E 10 ST
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAILE CRUZ

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02/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date