

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90026 039 ***150.00

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1. Entity Name
RAINBOW OCEAN BENTLEY CORPORATION



Principal Place of Business Mailing Address

**183 SUNNY ISLES BLVD.
 APT. 704
 SUNNY ISLES, FL 33160**

**20515 E. COUNTRY CLUB DRIVE
 APT. 342
 AVENTURA, FL 33180**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**HANSEN, OLGA
 20515 E. COUNTRY CLUB DRIVE
 APT. 342
 AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **HANSEN, OLGA**
 Street Address (P.O. Box Number is Not Acceptable) **20515 E COUNTRY CLUB DR #36**
AVENTURA, FL
 City FL Zip Code **33180**

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: *Olga Hansen* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DIAZ, VILMA JOSEFINA M	
STREET ADDRESS	101 OCEAN DR., UNIT 704	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LABASTIDA, DELIA STELLA A	
STREET ADDRESS	101 OCEAN DR., UNIT 704	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Olga Hansen / Reg Agent* Date: *04/14/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #