



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075473</b>			
1. Entity Name RAINBOW CASH AND CARRY, INC.			
Principal Place of Business 275 WEST 25 STREET HIALEAH, FL 33010	Mailing Address 275 WEST 25 STREET HIALEAH, FL 33010		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1107287	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  LOPEZ, LUIS 275 WEST 25 STREET HIALEAH, FL 33010		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000536906 05/08/06-80111-008 150.00	
TITLE	D		
NAME	LOPEZ, LUIS		
STREET ADDRESS	15782 N.W. 79ST		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		
TITLE	D		
NAME	LOPEZ, MIGUEL		
STREET ADDRESS	16521 NW F2 PL		
CITY-ST-ZIP	MIAMI, FL 33016		
TITLE	D		
NAME	VALDEZ, JOSE A		
STREET ADDRESS	573 W. 63 ST.		
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE	D		
NAME	CANDELARIO, VICTOR H		
STREET ADDRESS	559 W. 63 ST.		
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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.			
<b>SIGNATURE:</b> _____		04-20-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	