2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036891

1. Entity Name
RAINBOW INTERNATIONAL MORTGAGE CORP.

Principal Place of Business	Mailing Address
2612 SW 120 AVE MIAMI, FL 33175	2612 SW 120 AVE MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0913849	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, YOLANDA
~~2612 SW 120 AVE~~ 2210 SW 123 Ave
~~MIAMI, FL 33175~~ Miami 7l 33175

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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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Bc
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, YOLANDA
STREET ADDRESS	~~2612 SW 120TH AVENUE~~ 2210 SW 123 Ave
CITY-ST-ZIP	~~MIAMI, FL 33175~~ Miami 7l 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _Yolanda Gonzalez_   4-14-04

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