

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000097262

**Entity Name:** MI ARCOIRIS FAMILY CARE INC.

**Current Principal Place of Business:**

431 E 10 ST  
HIALEAH, FL 33010

**Current Mailing Address:**

431 E 10 ST  
HIALEAH, FL 33010

**FEI Number: 57-1189668**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

Title ASST. SECRETARY  
Name SAILE CRUZ  
Address 431 E 10 ST  
City-State-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**

**PRESIDENTE**

**03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date