

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # H50838	
1. Entity Name RAINBOW TRANSMISSION & AUTO CENTER INC.	

Principal Place of Business: 721 W. 27TH ST. HIALEAH, FL 33010	Mailing Address: 721 W. 27TH ST HIALEAH, FL 33010
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2523969	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FARRADAS, EUSEBIA M 721 W. 27TH ST HIALEAH, FL 33010
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FARRADAS, ROLANDO 997 W 27 ST HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FARRADAS, ROLANDO R., JR 15633 NV/81 CT MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARRADAS, EUSEBIA M. 997 W 27 ST HIALEAH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80011-024 150.00

**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)(c), 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 employees.

SIGNATURE: *Rolando Farradas* 1-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #