

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 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



03082007 No Chg-P CR2E034 (11/05)

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

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000676859
03/30/07-80077-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARRADAS, ROLANDO
STREET ADDRESS	997 W 27 ST
CITY-ST-ZIP	HIALEAH, FL
TITLE	VSD
NAME	FARRADAS, ROLANDO R., JR
STREET ADDRESS	15633 NW 81 CT
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	TD
NAME	FARRADAS, EUSEBIA M.
STREET ADDRESS	997 W 27 ST
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 885-3879