



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000126587</b> 1. Entity Name <b>RAPID AUTO CENTRE, INC.</b>	
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Principal Place of Business <b>15629 HIGHWAY 301 DADE CITY, FL 33523 US</b>	Mailing Address <b>15629 HIGHWAY 301 DADE CITY, FL 33523 US</b>
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**DO NOT WRITE IN THIS SPACE**



02052008 No Chg-P CR2E034 (11/05)

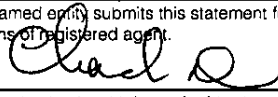
4. FEI Number <b>16-1640104</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NEEBAR, CHANDRA  
15629 HIGHWAY 301  
DADE CITY, FL 33523**

**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  DATE **Mar 14/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

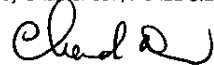
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000861112 04/02/08-80089-009 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD NEEBAR, CHANDRA 37341 GILL AVE ZEPHYRHILLS, FL 33541</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V NEEBAR, BRIDGEMOHAN 37341 GILL AVE ZEPHYRHILLS, FL 33541</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T NEEBAR, CHANDRA 37341 GILL AVE ZEPHYRHILLS, FL 33541</b>
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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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: **CHANDORA NEEBAR**  DATE **Mar 14/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #