

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

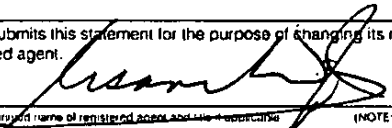
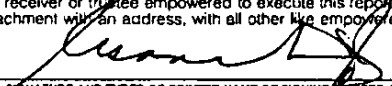
FILED
Mar 30, 2006 8:00 am
Secretary of State

03-15-2006 90105 033 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000142781					
1. Entity Name RAPID TAX REFUND INC					
Principal Place of Business 3315 TOLEDO PLAZA CORAL GABLES FL 33134			Mailing Address 3315 TOLEDO PLAZA CORAL GABLES FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-372 V3 10	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ, JOSE' A 3315 TOLEDO PLAZA CORAL GABLES FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 02-15-06		
Signature, typed or printed name of registered agent and fee is required (NOTE: Registered Agent signature required when constituting)					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SANCHEZ, JOSE' A	NAME			
STREET ADDRESS	3315 TOLEDO PLAZA	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SANCHEZ, NEUMA	NAME			
STREET ADDRESS	3315 TOLEDO PLAZA	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SANCHEZ, CARMEN	NAME			
STREET ADDRESS	3315 TOLEDO PLAZA	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			DATE 02-15-06 DAYTIME PHONE # 305-778-0168		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					