

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90090 029 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000060328	
1. Entity Name TOROTORO RAINBOW TOWN, INC.	
	
Principal Place of Business 500 Three Island Blvd. Apt. # 1206 HALLANDALE, Fla. 33009	Mailing Address P O BOX 420732 MIAMI, FL 33242



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0467194	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORONDA, HUMBERTO 1201 SECOND STREET MIAMI, FL 33130 500 Three Island Blvd Apt. 1206 HALLANDALE, FL 33009		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 <u>Humberto Foronda</u> 4/20/07 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FORONDA, HUMBERTO 1201 SECOND STREET MIAMI, FL 33130 500 Three Island Blvd HALLANDALE, FL 33009 Apt. # 1206
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**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: Humberto Foronda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 (305) 316-3322
Date Daytime Phone #