


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90002 046 ***150.00

DOCUMENT # P95000048255 1. Entity Name RAINBOW MID-TOWN DRY CLEANERS, INC.	
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Principal Place of Business 4146 W. KENNEDY BLVD. TAMPA, FL 33609 US	Mailing Address 4146 W. KENNEDY BLVD. TAMPA, FL 33609 US
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3328175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRICARICO, VINCENT A.
977 PEACEFUL COURT
OLDSMAR, FL 34677
*12036 Royce Waterford Circle
Tampa, FL 33626*

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 signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS TRICARICO, ANTHONY 8806 FIELDFLOWER LANE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST TRICARICO, VINCENT 977 PEACEFUL COURT OLDSMAR, FL 34677 <i>12036 Royce Waterford Circle Tampa, FL 33626</i>
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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 exemption stated in Section 119.07(3)(i), 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: *Vincent Tricarico* Vincent Tricarico 8/15/05 289-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #