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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90079 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000048255

1. Entity Name
RAINBOW MID-TOWN DRY CLEANERS, INC

40099762

Principal Place of Business
4146 W. KENNEDY BLVD
TAMPA, FL 33609 US

Mailing Address
4146 W. KENNEDY BLVD
TAMPA, FL 33609 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3328175

Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRICARICO, VINCENT A
12036 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not Acceptable)

FL Zip Code

8. The above named entity ... registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10.			11.	
TITLE	PAS	Delete	TITLE	Change / Addition
NAME	TRICARICO, ANTHONY		NAME	
STREET ADDRESS	8806 FIELDFLOWER LANE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	
TITLE	VPST	Delete	TITLE	Change / Addition
NAME	TRICARICO, VINCENT		NAME	
STREET ADDRESS	12036 ROYCE WATERFORD CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626		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	
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 exemption 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] 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #