


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FIL

**Apr 05, 2005
Secretary**

DOCUMENT # G28247	
1. Entity Name ROTHEL, INC.	

Principal Place of Business 508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI CITY PHILIPPINES,	Mailing Address 508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI CITY PHILIPPINES,
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1011561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M. ESQ.
590 ROYAL PALM BCH BLVD
ROYAL PALM BCH., FL 33411

**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 _____ 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VILLONCO, ROMEO S.
STREET ADDRESS	GALIANO ST.
CITY-ST-ZIP	ROYAL PALM BCH., FL
TITLE	V
NAME	LAZATIN, DELZA
STREET ADDRESS	GALIANO ST.
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	T
NAME	MABANTA, THELMA V
STREET ADDRESS	GALIANO ST.
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000288796
04/05/05-80025-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **ROMEO S. VILLONCO, President**  **(632) 895-4941 to 43**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #