


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G28247</b>	
1. Entity Name ROTHEL, INC.	

Principal Place of Business 508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI CITY PHILIPPINES, XX	Mailing Address 508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI CITY PHILIPPINES, XX
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**DO NOT WRITE IN THIS SPACE**



07132006 No Chg-P CR2E034 (11/05)

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

**8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000573132  
 08/02/06-80003-018 150.00  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

**10. OFFICERS AND DIRECTORS**

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

**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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_