


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 A
Secretary of State

DOCUMENT # G28247

1. Entity Name
ROTHEL, INC.




Principal Place of Business Mailing Address

**508 BUENDIA AVE EXT.
NORTH FORBES PARK
MAKATI CITY PHILIPPINES, XX**

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NORTH FORBES PARK
MAKATI CITY PHILIPPINES, XX**

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01212007 No Chg-P CR2E034 (11/05)

4. FEI Number **34-1011561** Applied For Not Applicable

5. Certificate of Status Desired **\$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**

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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 resigning)

**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

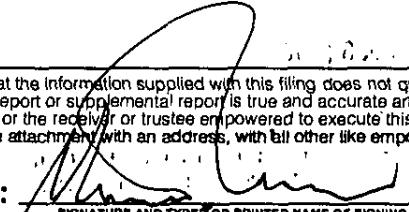
110000064 P150
03/01/07-80018-019 150.00

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 STREET ADDRESS CITY-ST-ZIP	T MABANTA, THELMA V GALIANO ST. 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	

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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:  **Feb. 2, 2007** (632) 895-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #