



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 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**



01162008 No Chg-P CR2E034 (11/05)

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80013-009 150.00

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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:**  **Jan 21, 2008** **PHONE (632) 895.4941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #