2003 FOR PROFIT CORPORATION

P02000099869

UNIFORM BUSINESS REPORT (UBR

1. Entity Name

ROCHET INTERNATIONAL, INC.



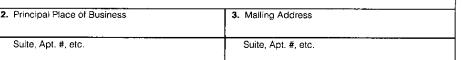
Principal Place of Business 266 WILSHIRE BLVD. STE 127 CASSELBERRY FL 32707

DOCUMENT #

Mailing Address

266 WILSHIRE BLVD, STE 127

CASSELBERRY	FL	327



Apr 14, 2003 8:00 am \$ Secretary of State 204-14-2003 90305 024 327 **FILED**

04-14-2003 90395 034 ***150.00



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2. Principal Place of Business 3. Mailing Address			Mailing Address						41110 1011 100f	
Suite, Apt. #, etc. Suite, Apt. #, etc.			luite, Apt. #, etc.			CHECK HE	CHECK HERE IF MAKING CHANGES			
City & State		C	City & State		4.	4. FEI Number		Applied For Not Applicable		
Zip	Coul	ntry Z	iip	Country	5.	Certificate of Status Desire		8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7.	Name and Address of Ne	w Registered A	gent			
				Name						
THANKI, NEHAL C				Street A	Street Address (P.O. Box Number is Not Acceptable)					
	HIRE BLVD, STE	12/								
CASSELE	BERRY FL 32707									
v ^a	*11		•	City		. .	FL	Zip Code	e	
The above the obligat	named entity submi	ts this statement for the pupent.	urpose of changing its r	egistered office o	registered ag	gent, or both, in the State o	f Florida. I am fa	ımiliar with,	and accept	
SIGNATURE .										
		name of registered agent and title if	applicable. (NOTE:	Registered Agent signat	ure required when re	einstating)	DATE			
Afte	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Floric					9. Election Campaign Trust Fund Contrib		\$5.0 Added	O May Be to Fees	
10.		OFFICERS AND DIRECT	TORS	11.	AC	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	
ITLE IAME STREET ADDRESS	DP THANKI, NEHAL 266 WILSHIRE B	BLVD, STE 127	☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition Addition	
CITY-ST-ZIP	CASSELBERRY	FL 32/0/		CITY-ST-ZIP						
ITLE	DST		☐ Delete	TITLE				Change	Addition	
IAME	THANKI, CHETA			NAME					İ	
TREET ADDRESS	266 WILSHIRE E			STREET ADDRESS						
CITY-ST-ZIP	CASSELBERRY	FL 32707		CITY-ST-ZIP		-				
ITLE IAME			☐ Delete	TITLE NAME				☐ Change	Addition	
TREET ADDRESS HTY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
ITLE			☐ Delete	TITLE				☐ Change	Addition	
AME				NAME						
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AME				NAME				•		
TREET ADDRESS		سانينيون د ادامه د درسوسوسوس		STREET ADDRESS			- 			
ITY-ST-ZIP				CITY-ST-ZIP						

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

407 263 3000