

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086579

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: RAPILO #1 CORPORATION OF NORTH AMERICA

## Current Principal Place of Business:

861 CAMELLIA DRIVE  
ROYAL PALM BEACH, FL 33411 US

## New Principal Place of Business:

## Current Mailing Address:

861 CAMELLIA DRIVE  
ROYAL PALM BEACH, FL 33411 US

## New Mailing Address:

FEI Number: 41-2139208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PIERRE-LOUIS, RAOUL PRES.  
861 CAMELLIA DRIVE  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PIERRE-LOUIS, RAOUL P P & CEO  
Address: 861 CAMELLIA DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP (X) Delete  
Name: SEIDE, JEAN-ROBERT VP  
Address: 8505 BOULEVARD ST MICHEL  
City-St-Zip: MONTREAL, PQ CANADA, PQ H1Z3E7 CA

Title: AVP ( ) Delete  
Name: PIERRE-LOUIS, MARTEL AVP  
Address: 6 KENWAY STREET  
City-St-Zip: MEDFORD, MA 02155 US

Title: AVP ( ) Delete  
Name: PIERRE-LOUIS, GASTON AVP  
Address: 6 KENWAY STREET  
City-St-Zip: MEDFORD, MA 02155 US

Title: AVP ( ) Delete  
Name: PIERRE-LOUIS, MARIE V AVP  
Address: 6 KENWAY STREET  
City-St-Zip: MEDFORD, FL 02155 US

Title: AVP ( ) Delete  
Name: PIERRE-LOUIS, MARIE J AVP  
Address: 6 KENWAY STREET  
City-St-Zip: MEDFORD, MA 02155 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAOUL PIERRE-LOUIS

PRES

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date