### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT # P05000106316**

1. Entity Name

RACHEL'S RARE FINDS, INC.



Principal Place of Business

8211 W BROWARD BLVD

#340

PLANTATION, FL 33324

Mailing Address

8211 W BROWARD BLVD

#340

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324

### FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90220 045 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3202139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOVITS, JOE S %BERKOVITS LAGO & COMPANY, LLP 8211 W BROWARD BLVD #340 PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	T ·		1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLANTATION, FL 33325 Coope	S. Flamingo Road ~ City, Fl.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERKOITS, JOE 8211 W. Broward Blud. Plantation FI	# 340 . 333Q4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this	filing does not qualify for the exe	emptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther 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 mede 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 hat my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

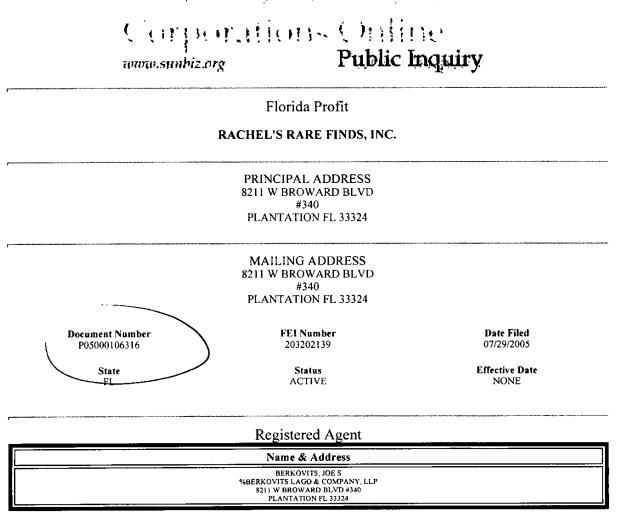
SIGNATURE AND SOMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone #

# ATTACHMENT 4008 7106



Florida Department of State, Division of Corporations



#### Officer/Director Detail

Title
D

#### Annual Reports

Report Year	Filed Date
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No Events No Name History Information