2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000134938

1. Entity Name
RACHEL KORTHALS, P.A.

Principal Place of Business	Mailing Address
231 NE 16TH ST. DELRAY BEACH, FL 33444	231 NE 16TH ST. DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

03042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3591737	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KORTHALS, RACHEL
231 NE 16TH ST.
DELRAY BEACH, FL 33444

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IN THIS SPACE

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 _Rachel Korthals, PRESIDENT_   _3/27/07_

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

| **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 | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KORTHALS, RACHEL
STREET ADDRESS	231 NE 16TH ST.
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	
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04/06/07-80001-023 150.00

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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: _Rachel Korthals_ RACHEL KORTHALS   _3/27/07_   (561)302-5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #