

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90102 047 \*\*\*150.00

<b>DOCUMENT # P95000065324</b>	
1. Entity Name RAQUETTE SALES INTERNATIONAL, INC.	



Principal Place of Business 1515 S. FED HWY STE 200 <del>200</del> 104 BOCA RATON, FL 33432	Mailing Address 1515 S. FED HWY STE 200 <del>200</del> 104 BOCA RATON, FL 33432
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**14016154**



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0605276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CODRON, LUCILLE 1515 S. FEDERAL HIGHWAY SUITE 200 <del>200</del> 104 BOCA RATON, FL 33432
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODRON, LUCILLE 2494 S. OCEAN BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODRON, KEITH 1 SIROS LAGUNA NIGUEL, CA 92677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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: X	4/28/05 (561) 750-0506 Date Daytime Phone #