2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/5

FILED
Jun 30, 2008 8:00 am
Secretary of State
06-05-2008 90001 013 ***150.00

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1. Entity Name
RAQUETTE SALES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1515 S. FED HWY STE 104 BOCA RATON, FL 33432 US	1515 S. FED HWY STE 104 BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE

05072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0605276
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CODRON, LUCILLE
1515 S. FEDERAL HIGHWAY
SUITE 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 _____ 5/21/08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CODRON, LUCILLE
STREET ADDRESS	2494 S. OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	CODRON, KEITH
STREET ADDRESS	1 SIROS
CITY-ST-ZIP	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	

DO NOT WRITE IN THIS SPACE

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: X _____ 6/26/08 (561) 750-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #