2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000085971

1. Entity Name
RACHEL'S PLACE, INC.

Principal Place of Business	Mailing Address
2900 WEST SAMPLE ROAD STE # /	2900 WEST SAMPLE ROAD STE # /
POMPANO BEACH, FL 33066	POMPANO BEACH, FL 33066

DO NOT WRITE IN THIS SPACE

04172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-6703612	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, RACHEL
5730 NW 77TH TERR
PARKLAND, FL 33067

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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 _____
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	DP
NAME	MILLER, RACHEL
STREET ADDRESS	5730 NW 77TH TERR.
CITY-ST-ZIP	PARKLAND, FL 33067

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 Miller _____ 4/15/07 _____ 954-973-9736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #