

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072348

FILED
Apr 14, 2007
Secretary of State

Entity Name: R NORIEGA INC

Current Principal Place of Business:

1220 WEST 63RD STREET
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1220 WEST 63RD STREET
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 20-2855873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORIEGA, RAFAEL
1220 WEST 63RD STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORIEGA, RAFAEL
Address: 1220 WEST 63RD STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTILLO, ISABEL
Address: 1220 WEST 63RD STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: VC () Change (X) Addition
Name: NORIEGA, RAFAEL
Address: 1220 WEST 63 RD STREET
City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL CASTILLO

PRE

04/14/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date