## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # M27720  1. Entity Name RIGO INTERNATIONAL INC.				Sec	retary o	ı Stat	
Principal Place of Business 8150 SW 8TH STREET 224 MIAMI, FL 33144 US	Mailing Address 8150 SW 8TH STREET 224 MIAMI, FL 33144 US		1 <b>1 P P ( C N</b> ) 1   1	Kali indii rebin iidii deli d	(F)	TIENISI II 1151	
DO NOT WRITE	IN THIS COA		01162007	No Chg-P	CR2E034 (11/05	5)	
The state of the second se		OE.	<ol> <li>FEI Number</li> <li>59-2751</li> <li>Certificate of</li> </ol>		<del></del>		
6. Name and Address of Current Registered Agent			, i * , ; •	1 3	Lea Madai	ieu ·	
BRINGAS, RIGOBERTO 8150 SW 8TH STREET SUITE 225 MIAMI, FL 33144			NOT WE	أأنفأ والأراج والمالية والمالية			
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent agent agent agent.  FILE NOW!!! FEE IS \$150.00	nd lille if applicable. (NOTE: Register	red Agent signature required	when reinstating)	n, in the State of Florid	da. I am familiar wit	h, and accept	
After May 1, 2007 Fee will be \$550.0		. L Adde	ed to Fees	7 7 7 8 13	N D N - A BAN HALAN IN	· • • · · · · · · · · · · · · · · · · ·	
10. OFFICERS AND I  IITLE DP  NAME BRINGAS, RIGOBERTO  STREET ADDRESS CITY-ST-ZIP MIAMI, FL  IITLE NAME	JIRECTORS			000000 01/23/07-	1594640 -80006-022	150.00	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WI	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			IN T	HIS SPA	ACE		
CITY-ST-ZIP			,			a s'	

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 address, withhall other like empowered.

SIGNATURE: ×

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TWEETON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/20/2007

×(300) 262-6006