2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27720

1. Entity Name

RIGO INTERNATIONAL INC.

					LIE						
Principal Place of Business 8150 SW 8TH STREET 224		8150	ng Address SW 8TH STREET	l	•						
MIAMI FL 33144		. 224 Miami Fl. 33144									
US			US								
2. Principal Place of Business			3. Mailing Address								
at 7 mapar race of basiness		V. Maining Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 59-2751464				pplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate of	Status Desired		\$8.75 Ad Fee Require		
<u>.</u>	6. Name and Address of Curren	Register	ed Agent			7. Name and A	ddress of New F	Registered A	gent		
in the second se				Name	Name						
BRINGAS,	, rigoberto		Ctroot Add			DO Berr Number i	- Not Assessed				
8150 SW	8TH STREET		Stre			t Address (P.O. Box Number is Not Acceptable)					
SUITE 22	5										
MIAMI FL 33144			City					-	Zip Cod	le	
3				1				FL	"		
the obligation	e named entity submits this statement fitions of registered agent	or the purp	oose of changing its re	egistered office or	registere	ed agent, or both,	in the State of Flo	orida. 1 am f	amiliar with,	and accept	
SIGNATURE											
	Signature, typed or printed name of registered agent	and title il app	olicable. (NOTE:	Registered Agent signate	ure required	when reinstating)		DATE			
F	ILE NOW!!! FEE IS \$150.00								4	_	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTO	PRS	11.		ADDITIONS/CI	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
FITLE	DP		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	BRINGAS, RIGOBERTO			NAME							
	8150 SW 8 ST, STE 224			STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP	****			CITY-ST-ZIP			· na 4				
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IAME				NAME							
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ETY-ST-ZIP			····	CITY-ST-ZIP							
ITLE			☐ Delete	TITLE					☐ Change	Addition	

FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90449 003 ***150.00

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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

BMWCAS

STREET ADDRESS

CITY-ST-ZIP

2/6/03.

Daytime Phone #