

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90357 045 ***150.00

DOCUMENT # P01000091126 1. Entity Name RIGAL EXPRESS, INC.					
Principal Place of Business 13955 SW 144TH STREET MIAMI, FL 33186			Mailing Address 13955 SW 144TH STREET MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1138463	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINKMANN, ARNOLD 131 PALOMA DR CORAL GABLES, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTOFOROU, DANA 73300 VISTAL MAR STREET CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Christoforou, Dana 13955 SW 144th St Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Arnold Brinkmann 13955 SW 144th St Miami FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/18/05 305-2521121 Date Daytime Phone #		

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