





# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
05 SEP 14 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000091126</b> 1. Entity Name <b>RIGAL EXPRESS, INC.</b>					
Principal Place of Business <b>13955 SW 144TH STREET MIAMI, FL 33186</b>			Mailing Address <b>13955 SW 144TH STREET MIAMI, FL 33186</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1138463</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRINKMANN, ARNOLD 131 PALOMA DR CORAL GABLES, FL 33143</b>				7. Name and Address of New Registered Agent Name <b>Esteban Bueno</b> Street Address (P.O. Box Number is Not Acceptable) <b>13955 SW 144th Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>	
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: 				DATE: <b>Sep 12, 2005</b>	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTOFOROU, DANA 13955 SW 144TH STREET MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Esteban Bueno 13955 SW 144th Street Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINKMANN, ARNOLD 13955 SW 144TH STREET MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jessica Brinkmann 13955 SW 144th Street Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/29/05--01071--002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date: <b>Sep 12 2005</b> Daytime Phone #: <b>305-2521121</b>	