2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90003 018 ***150.00

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1. Entity Name
ROYAL PRESTIGE RIGAL, CORP.

50059883

Principal Place of Business	Mailing Address
1800 W 49TH STREET #300 HIALEAH, FL 33012	1800 W 49TH STREET #300 HIALEAH, FL 33012

08012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6595 NW 36 ST		6595 NW 36 ST	
Suite, Apt. #, etc. #304		Suite, Apt. #, etc. #304	
City & State Miami Florida		City & State Miami Florida	
Zip 33166	Country United State	Zip 33166	Country United State

4. FEI Number 260-08-0346 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIGAL, QUELYORY A
1800 W 49TH STREET #300
HIALEAH, FL 33012

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 [signature] 08/01/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RIGAL, QUELYORY A		NAME		
STREET ADDRESS	12251 SW 36 STREET		STREET ADDRESS	3191 SW 117 CT	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	Miami, Fl 33175.	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RIGAL, QUELYORY A		NAME		
STREET ADDRESS	12251 SW 36 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 08/01/2005 (305)300 6385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #