2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 019 ***150.00

DOCUMENT # P04000043121

1. Entity Name
ROYAL PRESTIGE RIGAL, CORP.

Principal Place of Business	Mailing Address
8009 NW 36 STREET # 215 DORAL, FL 33166	8009 NW 36 STREET # 215 DORAL, FL 33166

01242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		13814 SW 276 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Homestead, Fl	
Zip	Country	Zip 33032	Country U.S

4. FEI Number 26-0080346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIGAL, QUELYORY A 3191 SW 117 CT MIAMI, FL 33175	Name Rigal, Quelyory A. Street Address (P.O. Box Number is Not Acceptable) 13814 S.W 276 ST City Homestead FL Zip Code 33032

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] Quelyory A. Rigal 01-23-007
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
After May 1, 2007 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	PVST RIGAL, QUELYORY A 3191 SW 117 CT MIAMI, FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rigal, Quelyory. A 13814 SW 276 ST Homestead, Fl 33032	☒ Change ☐ Addition
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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 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 an address, with all other like empowered.

SIGNATURE: [signature] Quelyory A Rigal 01/23/007 305-300.6385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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