2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90010 021 ***158.75

DOCUMENT # P00000001993

1. Entity Name
RIGO TILE & MARBLE EXPERTS, INC.

Principal Place of Business	Mailing Address
5121 EAST COLONIAL DR STE C ORLANDO FL 32803	4701 DISTRIBUTION COURT SUITE NO. 2 ORLANDO FL 32822

94010001

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
		5462 HOFFNER AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE #502	
City & State		City & State ORLANDO FL	
Zip	Country	Zip 32812	Country

4. FEI Number 02-0532032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CABREEN, RIGOBERTO
4701 DISTRIBUTION CR
STE 2
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name CABRERA, RIGOBERTO
Street Address (P.O. Box Number is Not Acceptable)
2926 SUMMER SWAN DR
City ORLANDO FL Zip Code 32825

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 x Rigo Cabrera   x 1/29/04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 CABREREA, RIGOBERTO 2926 SUMMER SISAM DR ORLANDO FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CABRERA, RIGOBERTO 2926 SUMMER SWAN DR ORLANDO FL 32825	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: Rigo Cabrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #