

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90098 019 ***158.75

DOCUMENT # P00000001998					
1. Entity Name RIGO-TILE, INC.					
Principal Place of Business 1400 E. VINE STREET SUITE A & B KISSIMMEE FL 34744			Mailing Address 4701 DISTRIBUTION COURT SUITE NO. 2 ORLANDO FL 32822		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 5462. HOFFNER DR. Suite, Apt. #, etc. SUITE #502		
City & State			City & State ORLANDO FL		
Zip	Country	Zip	Country	4. FEI Number 59-3718584	
32812		32812		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABERA, RIGOBERTO 10807 SATINWOOD CIRCLE ORLANDO FL 32825			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: <u>Rigo Cabrera</u> DATE: <u>4/29/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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 RIGOBERTO, CABERA 2926 SUMMER SWAN 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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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: <u>Rigo Cabrera</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					