2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000129719

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90016 025 ***158.75

1. Entity Name
RIGO TILE FACTORY DIRECT, INC.

Principal Place of Business
13347 WEST COLONIAL DR
WINTER GARDENS FL 34787

Mailing Address
4701 DISTRIBUTION CT.
SUITE 2
ORLANDO FL 32822

MOORE CR2E034 (11/03)

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

4. FEI Number 13-4225941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CABRERA, RIGOBERTO
10807 SATINWOOD CIR
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 x Rigo Cabrera x 1/29/04
Signature, typed or printed name of register... Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.0...
After May 1, 2004 Fee will be $5...
Make Check Payable to Florida Departm...

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

10. OFFICERS ... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD		TITLE		☐ Change ☐ Addition
NAME	CABRERA, RIGOBERTO		NAME	CABRERA, RIGOBERTO	
STREET ADDRESS	2926 SUMMER SWAN DR.		STREET ADDRESS	2926 SUMMER SWAN DR.	
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP	ORLANDO FL 32825	
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 #