

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90036 011 \*\*\*150.00

**DOCUMENT # P02000129719**

1. Entity Name  
**RIGO TILE FACTORY DIRECT, INC.**



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

Mailing Address  
**5462 HOFFNER DR  
SUITE 502  
ORLANDO, FL 32812**

**50025191**



2. Principal Place of Business

3. Mailing Address

**1351 N. Goldenrod Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 8**

07072006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Orlando, FL**

4. FEI Number

**13-4225941**

Applied For

Not Applicable

Zip

Country

Zip

**32807**

Country

**US**

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

**CABRERA, RIGOBERTO  
2926 SUMMER SWAN DR.  
ORLANDO, FL 32825**

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, 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 6, 2006**

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

TITLE **V.P.** ☒ Change ☒ Addition  
NAME **Derek J. Insid G.**  
STREET ADDRESS **2926 Summer Swan Dr.**  
CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Rigo Cabrera**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #