2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000031251 1. Entity Name RIGO TILE OUTLET, INC.							08-14-2006 90036 009 ***150.00				
Principal Plac	e of Business		Mailing Address								
5462 HOFFNER AVE 502			5462 HOFFNER AVE 502					K (002519	19	
ORLANDO, FL 32812			ORLANDO, FL 32812				ARKON NAMED NA				
2. Principal Place of Business 1351 N. Goldenrod Rd.			3. Mailing Address 1351 N. goldenrod Rd.								
Suite, Apt. #, etc. Suite &			Suite, Apt. #, etc. Suite 8		07072006	Chg-P	CR2E	034 (11/05)			
City & State Orlando, FL			City & State Orlando, FL		4. FEI Numb	50.242	र्मपप	<i>,</i> ——	plied For t Applicable		
Zip 3280	С	ountry US	Zip 32807	Coun	us	5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional	
		Address of Current F				7. Name and	Address of New	Registered	Agent		
CABRERA, RIGOBERTO					Name						
2926 SUMMER SWAN DRIVE ORLANDO, FL 32825					Street Addr	ress (P.O. Box Number is Not Acceptable)					
									la au		
					City		FL Zip Code				
8. The above the obligat	named entity sub tions of registered	omits this statement for agent.	the purpose of changing its	registere	ed office or reg	gistered agent, or bo	th, in the State of	Florida. I am	ı familiar with,	and accept	
SIGNATURE.	Signature, typed or prin	nted name of registered agent ea	nd title if applicable. (NOTE	: Registere	d Agent signature re	equired when reinstating)		DATE			
		EE IS \$150.00 mber 6, 2006	9. Election Campai Trust Fund Conti	-	ncing	\$5.00 May Be Added to Fees	In accordance corporation d				
10.	1	OFFICERS AND D		11.		ADDITIONS.	CHANGES TO O	FFICERS AN		•	
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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 AND TYMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 plo

407-277-30W