## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P05000167490 04-23-2007 90255 006 \*\*\*150.00 RIGO TILE GALLERY, INC. Principal Place of Business Mailing Address 40071012 1351 GOLDENROD ROAD 1351 GOLDENROD ROAD ORLANDO, FL 32807 ORLANDO, FL 32807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 CR2E034 (12/06) Cha-F Applied For 4. FEI Number City & State City & State Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABRERA, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 1351 GOLDENROD ROAD ORLANDO, FL 32807 Zip Code City FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ■ Addition TITLE ☐ Delete CABRERA, RIGOBERTO NAME NAME 1351 GOLDENROD ROAD, SUITE 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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