2004 FOR PROFIT CORPORATION ANNUAL EPORT (AR)

Feb 20, 2004 8:00 am DOCUMENT # P99000004939 Secretary of State 1. Entity Name 02-20-2004 90016 031 ***158.75 RIGO CABRERA TILE WAREHOUSE, INC. Principal Place of Business Mailing Address 4701 DISTRIBUTION CT 4701 DISTRIBUTION CT SUITE 2 ORLANDO FL 32822 ORLANDO FL 32822 94018620 3. Mailing Address 5462 HOFFNER DR 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) **SUITE # 502** City & State ORLANDO FL City & State -4. FEI Number Applied For 59-3551162 Not Applicable Zip Country C \$8.75 Additional 5. Certificate of Status Desired 32812 * Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABRERA, RIGOBERTO CABRERA, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 4701 DISTRIBUTION CT SUITE 2 2926-SUMMER-SWAN DR ORLANDO FL 32822 City ORLANDO. 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITL F ☐ Addition CABRERA, RIGOBBRTO NAME NAME CABRERA, RIGOBERTO STREET ADDRESS 2926 SUMMER SWAM DR. STREET ADDRESS 2926 SUMMER SWAN DR-ORLANDO FL 32825 City-St-ZiP ORLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME ALE MOWILL SPEE IS CHEALLY IN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME e nalista ent ly solubita this shieraen to the perpise of chenging it NAME STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ' 3738 CHAIN TITLE TITLE HITCH CELL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TIT! E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -city-st-7i2---CITY:-ST-ZIP 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.

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