


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-14-2006 90036 010 \*\*\*150.00

<b>DOCUMENT # P99000004939</b>	
<b>1. Entity Name</b> RIGO CABRERA TILE WAREHOUSE, INC.	

<b>Principal Place of Business</b> 4701 DISTRIBUTION CT SUITE 2 ORLANDO, FL 32822	<b>Mailing Address</b> 5462 HOFFNER DR. STE. #502 ORLANDO, FL 32812
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	1351 N. Goldenrod Rd Suite 8

<b>City &amp; State</b>	<b>City &amp; State</b>
	Orlando, FL

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
		32807	US

<b>6. Name and Address of Current Registered Agent</b>
CABRERA, RIGOBERTO 2926 SUMMER SWAN DR. ORLANDO, FL 32825

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, RIGOBERTO	NAME	Cabrera, Rigoberto
STREET ADDRESS	2926 SUMMER SWAN DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP. Perez Ingrid G.
STREET ADDRESS		STREET ADDRESS	2926 Summer Swan Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32825
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 8/2/06 407-277-3000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #