

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90338 046 ***150.00

DOCUMENT # P03000127973

1. Entity Name
DEL RISCO TILE, INC.



Principal Place of Business
**7820 NW 40TH COURT
CORAL SPRINGS, FL 33065**

Mailing Address
**7820 NW 40TH COURT
CORAL SPRINGS, FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032004

Chg-P

CR2E034 (10/03)



City & State

City & State

4. FEI Number

20-0406742

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOSCH, JAIRO M
5440 NORTH STATE ROAD 7 STE 5
FT LAUDERDALE, FL 33319**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PVT ☐ Delete
NAME: DEL RISCO, JAIME
STREET ADDRESS: 7820 NW 40TH COURT
CITY-ST-ZIP: CORAL SPRINGS, FL 33065

TITLE: DS ☐ Delete
NAME: DEL RISCO, JAIME
STREET ADDRESS: 7820 NW 40TH COURT
CITY-ST-ZIP: CORAL SPRINGS, FL 33065

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
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CITY-ST-ZIP:

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TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
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 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.

SIGNATURE:

DEL RISCO PRESIDENT

Date

Daytime Phone #

04-26-04 (RS) 592-9769