

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90447 037 \*\*\*158.75

40071000



04222005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0406742

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

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.

City & State

City & State

Zip

Country

Zip

Country

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  
**JAIME DEL RISCO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7820 NW 40th court**

City **CORAL SPRINGS** FL Zip Code **33065**

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]*

**JAIME DEL RISCO (PRESIDENT)**

**04/26/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*[Signature]*

**JAIME DEL RISCO**

**04/26/05 (954) 592-9769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #