2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90028 022 ***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

01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0406742

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RISCO, JAMIE DEL
7820 NW 40TH COURT
POMPANO BEACH, FL 33065

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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 ______________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
NAME	DEL RISCO, JAIME
STREET ADDRESS	7820 NW 40TH COURT
CITY ST ZIP	CORAL SPRINGS, FL 33065
TITLE	DS
NAME	DEL RISCO, JAIME
STREET ADDRESS	7820 NW 40TH COURT
CITY ST ZIP	CORAL SPRINGS, FL 33065
TITLE	SEC/TREAS.
NAME	LINDA DEL RISCO
STREET ADDRESS	7820 N W 40TH CT
CITY ST ZIP	CORAL SPRINGS FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: [signature] 3-9-06 954 592 9769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #