



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 13, 2007 08:00 AM
Secretary of State**

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RISCO, JAMIE DEL 7820 NW 40TH COURT POMPANO BEACH, FL 33065		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT DEL RISCO, JAIME 7820 NW 40TH COURT CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE U00000768700 07/13/07-80007-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEL RISCO, JAIME 7820 NW 40TH COURT CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL RISCO, LINDA 7820 NW 40TH CT 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		
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:  <u>Jaime E. DelRisco</u> 07/11/07 (954) 753-4715 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0406742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required