

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**



05262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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: JAIME DEL RISCO (PRES.) 09/02/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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	ST
NAME	DEL RISCO, LINDA
STREET ADDRESS	7820 NW 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	

000000959125  
09/05/08-80003-015 558.75

**DO NOT WRITE  
IN THIS SPACE**

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: JAIME DEL RISCO 09/02/08 (954) 592-9769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #