

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015239

Entity Name: XCEL RISK SERVICES, INC.

FILED  
Jan 13, 2012  
Secretary of State

**Current Principal Place of Business:**

2125 N.E 54 STREET  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 70366  
FT. LAUDERDALE, FL 33307

**New Mailing Address:**

FEI Number: 02-0543522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELDON, HARVEY  
3250 N. 29 AVE.  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VICE  
Name: SHELDON, HARVEY  
Address: 3250 N. 29 AVE.  
City-St-Zip: HOLLYWOOD, FL 33020

Title: PRES  
Name: GIAMBRONE, GREGORY P  
Address: 2125 N.E. 54 STREET  
City-St-Zip: FT.LAUDERDALE, FL 33308 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY GIAAMBRONE

PRES

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date