

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069941

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** RISK SERVICES & INSURANCE AGENCY INC.

**Current Principal Place of Business:**

25 HOMESTEAD ROAD N.,  
SUITE 5  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

25 HOMESTEAD ROAD N.,  
SUITE 5  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 57-1202056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGH, RAJENDRA  
13 NE 22ND AVE  
CAPE CORAL, FL 33909 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: P  
Name: SINGH, RAJENDRA  
Address: 13 NE 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: D  
Name: SINGH, NALINI  
Address: 13 NE 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33909

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: RAJENDRA SINGH

CEO

04/05/2011

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

\_\_\_\_\_ Date