

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000030432

**FILED**  
**Oct 08, 2010**  
**Secretary of State**

**Entity Name:** QUATRRO RISK MANAGEMENT INC

**Current Principal Place of Business:**

441 CENTERWOOD DRIVE  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

441 CENTERWOOD DRIVE  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

**FEI Number:** 20-8586190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTERO, EDWARD  
441 CENTERWOOD DRIVE  
TARPON SPRINGS, FL 34688 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:** D  
**Name:** QUINTERO, EDWARD  
**Address:** 441 CENTERWOOD DRIVE  
**City-St-Zip:** TARPON SPRINGS, FL 34688 US

**Title:** D  
**Name:** KASE, KAREN  
**Address:** 441 CENTERWOOD DRIVE  
**City-St-Zip:** TARPON SPRINGS, FL 34688

**Title:** VP  
**Name:** QUINTERO, EDWARD  
**Address:** 441 CENTERWOOD DR  
**City-St-Zip:** TARPON SPRINGS, FL 34688

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:** EDWARD QUINTERO

D

10/08/2010

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

\_\_\_\_\_  
Date