

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000055979

**Entity Name:** LWS RISK CONTROL CORPORATION

**Current Principal Place of Business:**

999 BRICKELL AVE., STE 820  
MIAMI, FL 33131

**Current Mailing Address:**

999 BRICKELL AVE., STE 820  
MIAMI, FL 33131 US

**FEI Number:** 59-3653885

**Certificate of Status Desired:** No

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

SCHENK, STEPHAN W  
999 BRICKELL AVE., STE 820  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title DP  
Name SCHENK, LOTHAR W  
Address 346 KENDALL DRIVE  
City-State-Zip: MARCO ISLAND FL 33131

Title VPS  
Name SCHENK, ALICE  
Address 346 KENDALL DRIVE  
City-State-Zip: MARCO ISLAND FL 33131

Title VPT  
Name SCHENK, STEPHAN W  
Address 3048 ORANGE STREET  
City-State-Zip: MIAMI FL 33133

*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:** STEPHAN SCHENK

VPT

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date