

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000015239

**Entity Name:** XCEL RISK SERVICES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 02-0543522

**Certificate of Status Desired:** No

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

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

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

*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 P. GIAMBRONE

**PRES.**

**03/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date