

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000044857

**Entity Name:** RISK ADMINISTRATION CENTER INC.

**Current Principal Place of Business:**

3360 NW 124TH TER  
SUNRISE, FL 33323

**Current Mailing Address:**

3360 NW 124TH TER  
SUNRISE, FL 33323 US

**FEI Number: 85-1609139**

**Certificate of Status Desired: No**

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

VILLARREAL MONTANEZ, ALEJANDRO  
3360 NW 124TH TER  
SUNRISE, FL 33323 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 MDIR  
Name VILLARREAL M., ALEJANDRO  
Address 3360 NW 124TH TER  
City-State-Zip: SUNRISE FL 33323

Title P  
Name VILLARREAL TORRES, SANDRA P  
Address CALLE 90 #11A-41 STE. 101  
City-State-Zip: BOGOTA CO 11A-4-1

Title DIR  
Name ALVAREZ VILLARREAL, DIANA C  
Address CALLE 90 #11A-41 STE. 101  
City-State-Zip: BOGOTA CO 11A-4-1

Title ST  
Name ALVAREZ VILLARREAL, LINA M  
Address CALLE 90 #11A-41 STE. 101  
City-State-Zip: BOGOTA CO 11A-4-1

Title DIR  
Name ALVAREZ VILLARREAL, VIVIANA P  
Address CALLE 90 #11A-41 STE. 101  
City-State-Zip: BOGOTA CO 11A-4-1

Title VP  
Name ALVAREZ CUBILLOS, RICARDO  
Address CALLE 90 #11A-41 STE. 101  
City-State-Zip: BOGOTA CO 11A-4-1

*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: VILLARREAL M. , ALEJANDRO**

**MDIR**

**04/30/2024**

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

\_\_\_\_\_  
Date