

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000044857

Entity Name: RISK ADMINISTRATION CENTER INC.

Current Principal Place of Business:

12760 VISTA ISLES DRIVE
APT 717
SUNRISE, FL 33325

Current Mailing Address:

12760 VISTA ISLES DRIVE
APT 717
SUNRISE, FL 33325

FEI Number: 85-1609139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLARREAL MONTANEZ, ALEJANDRO
12760 VISTA ISLES DRIVE
APT 717
SUNRISE, FL 33325 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 12760 VISTA ISLES DR APT717
City-State-Zip: SUNRISE FL 33325

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

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date