# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 22, 2004 8:00 am**
**Secretary of State**
03-22-2004 90040 034 ***150.00

54021017

MOORE CR2E034 (11/03)

DOCUMENT # 852759

1. Entity Name

RISANDER CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TRANSOCEANIC<br>19495 BISCAYNE BLVD SUITE 805<br>AVENTURA FL 33180 | C/O TRANSOCEANIC<br>19495 BISCAYNE BLVD SUITE 805<br>AVENTURA FL 33180 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FOX, SPENCER
1500 SAN REMO AVE., SUITE 125
CORAL GABLES FL 33146

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VST<br>FINVARB, SALOMON<br>399 PARK AVE, BOX 27C<br>NY NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VST<br>FINVARB SALOMON<br>C/O 19495 BISC BLVD #805<br>AVENTURA FL 33180 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FINVARB, SALOMON<br>399 PARK AVE, BOX 27C<br>NY NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FINVARB SALOMON<br>C/O 19495 BISC BLVD #805<br>AVENTURA FL 33180 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>VEALE, WILLIAM J<br>205 EAST 63RD STREET, APT 2F<br>NEW YORK NY 10021 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William J Veale WILLIAM J. VEALE 3-12-04 305-935-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
3/16-04