2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 852759

1. Entity Name
RISANDER CORP.

FILED
06 MAY -3 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O TRANSOCEANIC 19495 BISCAYNE BLVD SUITE 805 AVENTURA, FL 33180	C/O TRANSOCEANIC 19495 BISCAYNE BLVD SUITE 805 AVENTURA, FL 33180

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	FINVARB, SALOMON
STREET ADDRESS	C/O 19495 BISC BLVD., #805
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	FINVARB, SALOMON
STREET ADDRESS	C/O 19495 BISC BLVD., #805
CITY-ST-ZIP	AVENTURA, FL 33183
TITLE	AS
NAME	VEALE, WILLIAM J
STREET ADDRESS	205 EAST 63RD STREET, APT 2F
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/12/06--01003--013 **1200.00

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K. Eckel MAY 10 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ENRIQUE MARRIF 4-26-06 305 935 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #