

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-24-2007 90003 048 ***150.00

DOCUMENT # 852759 1. Entity Name RISANDER CORP.					
Principal Place of Business C/O TRANSCOCEANIC 19495 BISCAYNE BLVD SUITE 805 AVENTURA, FL 33180			Mailing Address C/O TRANSCOCEANIC 19495 BISCAYNE BLVD SUITE 805 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05092007 Chg-P CR2E034 (12/06)	
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			7. Name and Address of New Registered Agent		
FOX, SPENCER 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 FINVARB, SALOMON C/O 19495 BISC BLVD., #805 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINVARB, SALOMON C/O 19495 BISC BLVD., #805 AVENTURA, FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VEALE, WILLIAM J 205 EAST 63RD STREET, APT 2F NEW YORK, NY 10021	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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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: <i>NEEDRA BENARHEEN</i> 5/9/07 305-935-2108 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					