2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852759

Address:

City-St-Zip:

C/O 19495 BISC BLVD #805

AVENTURA, FL 33180

Entity Name: RISANDER CORP.

FILED Apr 03, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
19495 BIS	ISOCEANIC CAYNE BLVD SUITE 805 RA, FL 33180			
Current Mailing Address:		New Mailing Address:		
19495 BIS	ISOCEANIC CAYNE BLVD SUITE 805 A, FL 33180			
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	NCER REMO AVE., SUITE 125 ABLES, FL 33146 US			
	named entity submits this statement for the e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VST () Delete FINVARB, SALOMON, C/O 19495 BISC BLVD., #805 AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete FINVARB, SALOMON, C/O 19495 BISC BLVD., #805 AVENTURA, FL 33183	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () Delete MASSIE, ANDREW C/O 19495 BISCAYNE BLVD. #805 AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AT () Delete RENACHENNOA DERORAH	Title: AT Name: RENACHENI	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEBORAH BENACHENHOU AT 04/03/2009

C/O 19495 BISC BLVD #805

AVENTURA, FL 33180