2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002355

Entity Name: PATRIOT RISK SERVICES GROUP, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:			
	OLAS BLVD., RDALE, FL 33						
Current Mailing Address:			New Mailin	New Mailing Address:			
	OLAS BLVD., RDALE, FL 33						
FEI Number:	20-3377773	FEI Number Applied For ()	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324						
The above in the State		ubmits this statement for the purp	ose of changing its	s registered off	ice or registered agent, or	both,	
SIGNATUR	E:						
	Electroni	c Signature of Registered Agent			Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MARIANO, STEV	S BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	ERMATINGER, T	S BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	()(Change ()Addition		
Title: Name: Address: City-St-Zip:	ERMATINGER, T	S BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	SD () I DAWSON, ERIC 401 E. LAS OLA: FT. LAUDERDAL	S BLVD.,#1540	Title: Name: Address: City-St-Zip:	S (X) (DAWSON, ERIC 401 E. LAS OLAS FT. LAUDERDAL	S BLVD.,#1540		
Title: Name: Address: City-St-Zip:	COUTURE, RON	S BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	MASOTTI, MICHE	S BLVD., 7TH FLOOR		
Title: Name: Address: City-St-Zip:	DAVIS, KIMBERI	S BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	GRAVES, JOSEF	S BLVD., 7TH FLOOR		

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.

SIGNATURE: KIMBERLY DAVIS AS 01/05/2009