

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018841

**FILED**  
**Jun 13, 2005**  
**Secretary of State**

**Entity Name:** RISK MONDIAL CRISIS AND PROTECTIVE SERVICES LLC

**Current Principal Place of Business:**

2632 HOLLYWOOD BLVD.  
SUITE 202  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2632 HOLLYWOOD BLVD.  
SUITE 202  
HOLLYWOOD, FL 33020

**New Mailing Address:**

PO BOX 31-0336  
MIAMI, FL 332310336

**FEI Number:** 42-1622480      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RISK MONDIAL INC.  
2632 HOLLYWOOD BLVD.  
SUITE 202  
HOLLYWOOD, FL 33020 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TROWER, JOHN M  
Address: 1111 BRICKELL BAY DR. #1903  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TROWER, JOHN M  
Address: 3000 SW 3RD AVENUE  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J MARK TROWER

PRES

06/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date