

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009680

FILED
Apr 15, 2007
Secretary of State

Entity Name: FINANCIAL INSTITUTIONS RISK MANAGEMENT ASSOCIATION,INC.

Current Principal Place of Business:

15748 SW 102ND LANE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15748 SW 102ND LANE
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-1738574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEJIA, RAFAEL D
Address: 15748 SW 102ND LA
City-St-Zip: MIAMI, FL 33196

Title: EVP () Delete
Name: RYAN, JACK
Address: 8600 NW 36TH STREET, 8TH FLOOR
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: VINA, MERCEDES
Address: 8600 NW 36TH STREET, 8TH FLOOR
City-St-Zip: MIAMI, FL 33166

Title: T () Delete
Name: ESCOTO, MARIA
Address: 8600 NW 36TH STREET, 8TH FLOOR
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VINA, MERCEDES
Address: 15748 SW 102 LANE
City-St-Zip: MIAMI, FL 33196

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL MEJIA

P

04/15/2007

Electronic Signature of Signing Officer or Director

Date