2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 011 ***158.75

DOCUMENT # P01000113668

1. Entity Name
RISK & RE-INSURANCE SOLUTIONS CORPORATION

Principal Place of Business	Mailing Address
11811 SW 92ND LANE MIAMI, FL 33186	P.O. BOX 566029 MIAMI, FL 33256-6029

03112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1500 San Remo Avenue			
Suite, Apt. #, etc.: Suite 247-B		Suite, Apt. #, etc.	
City & State: Coral Gables, FL		City & State	
Zip: 33134	Country	Zip	Country

4. FEI Number: 65-1156500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRABAL, ANTHONY
11811 SW 92ND LANE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: Mirabal, Anthony
Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue, Suite 247-B
City: Coral Gables FL Zip Code: 33134

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MIRABAL, ANTHONY		NAME	Mirabal, Anthony	
STREET ADDRESS	11811 SW 92ND LANE		STREET ADDRESS	1500 San Remo Avenue, Suite 247-B	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, RAMON A		NAME		
STREET ADDRESS	ROYAL BANK CTR 1000, 255 PONCE DE LEON		STREET ADDRESS		
CITY-ST-ZIP	HATO REY, PR 00917		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/11/04 (305) 274-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #