

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113668

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: RISK & RE-INSURANCE SOLUTIONS CORPORATION

## Current Principal Place of Business:

1500 SAN RENO AVE., STE. 247-B  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1500 SAN REMO AVE., STE. 247-B  
CORAL GABLES, FL 33146

## Current Mailing Address:

P.O. BOX 566029  
MIAMI, FL 332566029

## New Mailing Address:

P.O. BOX 566029  
MIAMI, FL 33256

FEI Number: 65-1156500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MIRABAL, ANTHONY  
1500 SAN RENO AVE., STE. 247-B  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

MIRABAL, ANTHONY  
1500 SAN REMO AVE., STE. 247-B  
CORAL GABLES, FL 33146 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:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MIRABAL, ANTHONY  
Address: 1500 SAN RENO AVE., STE. 247-B  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: PEREZ, RAMON A  
Address: ROYAL BANK CTR 1000, 255 PONCE DE LEON  
City-St-Zip: HATO REY, PR 00917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MIRABAL, ANTHONY  
Address: 1500 SAN REMO AVE., STE. 247-B  
City-St-Zip: CORAL GABLES, FL 33146

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 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 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: ANTHONY MIRABAL

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date