

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000113668	
1. Entity Name RISK & RE-INSURANCE SOLUTIONS CORPORATION	

Principal Place of Business 1500 SAN REMO AVE., STE. 247-B CORAL GABLES, FL 33146	Mailing Address P.O. BOX 566029 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



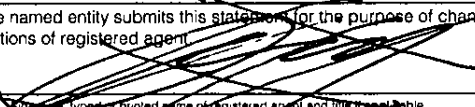
01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1156500	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIRABAL, ANTHONY 1500 SAN REMO AVE., STE. 247-B CORAL GABLES, FL 33146	
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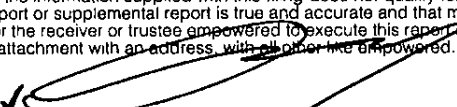
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/28/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000809564 02/08/08-20024-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRABAL, ANTHONY 1500 SAN REMO AVE., STE. 247-B CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RAMON A LOS MUCHACHOS BLDG. 204 SAN FRANCISCO ST OLD SAN JUAN, PR 00902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fee empowered.	
SIGNATURE: 	Date 1/28/08 Daytime Phone (305) 740-5764