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	Mailing Address
1500 SAN REMO AVE., STE. 247-B CORAL GABLES, FL 33146	P.O. BOX 566029 MIAMI, FL 33256

DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05)

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

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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: _____ 1/28/08
Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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

U00000809564
02/08/08-80024-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIRABAL, ANTHONY
STREET ADDRESS	1500 SAN REMO AVE., STE. 247-B
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	PEREZ, RAMON A
STREET ADDRESS	LOS MUCHACHOS BLDG. 204 SAN FRANCISCO ST
CITY-ST-ZIP	OLD SAN JUAN, PR 00902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE: _____ 1/28/08 (305) 740-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #