2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P01000113668

Entity Name: RISK & RE-INSURANCE SOLUTIONS CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 566029
MIAMI, FL 33256

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete
Name: PACHOLICK, STEVE
Address: 1500 SAN REMO AVE., STE. 247-B
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: VENEGAS, ENRIQUE
Address: 1500 SAN REMO AVE., STE. 247-B
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS ( ) Change (X) Addition
Name: DELGADO, LINA M
Address: 1500 SAN REMO AVE., STE. 247-B
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY MIRABAL PDS 03/02/2009
Electronic Signature of Signing Officer or Director Date