

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113668

FILED
Feb 17, 2010
Secretary of State

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

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

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

Title: DS
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 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 all other like empowered.

SIGNATURE: ANTHONY MIRABAL

MR.

02/17/2010

Electronic Signature of Signing Officer or Director

Date