

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054688

FILED
Mar 23, 2009
Secretary of State

Entity Name: MELSAR RISK MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

9300 N.W. 14TH STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9300 N.W. 14TH STREET
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

9300 N.W. 14TH STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

9300 N.W. 14TH STREET
PEMBROKE PINES, FL 33024 US

FEI Number: 01-0726074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTY, FREDRICK E II
2900 S.W. 28TH TERRACE
5TH FLOOR
MIAMI, FL 33133 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: D () Delete
Name: ADLER, STEVE
Address: 9300 N.W. 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: ADLER, CATHY
Address: 9300 N.W. 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: ADLER, GERALD
Address: 8002 ROYAL PALM CIRCLE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STEVE ADLER

D

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date