


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000081995</b>	
1. Entity Name XN RISK INSURANCE SERVICES, INC.	

Principal Place of Business 3720 S OCEAN BLVD STE 1606 HIGHLAND BCH, FL 33487	Mailing Address 3720 S OCEAN BLVD STE 1606 HIGHLAND BCH, FL 33487
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2370990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RESHEFSKY, RONALD 3720 S OCEAN BLVD STE 1606 HIGHLAND BCH, FL 33487	
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**DO NOT WRITE IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000123711 04/22/04-80015-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANBER, DANIEL 1250 RUE GUY #1120 MONTREAL QUEBEC CANADA, H3H-24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RESHEFSKY, RONALD 3720 S OCEAN BLVD #1606 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/19/04 <small>Date</small>	561-237-3215 <small>Daytime Phone #</small>
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