


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000081995
 1. Entity Name
XN RISK INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address
3720 S OCEAN BLVD STE 1606 **3720 S OCEAN BLVD STE 1606**
HIGHLAND BCH, FL 33487 **HIGHLAND BCH, FL 33487**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2370990 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RESHEFSKY, RONALD
3720 S OCEAN BLVD STE 1606
HIGHLAND BCH, FL 33487

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-80035-023 150.00

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.

SIGNATURE: _____ **4/12/05** **561-237-3210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #