2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P08000045329

Entity Name: CLC RISK SERVICES, INC.

Current Principal Place of Business:

2332 GALIANO ST., 2ND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2332 GALIANO ST., 2ND FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2554980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES, FL 33134 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: RUIZ, MANUEL III
Address: 2332 GALIANO ST., 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: LAFFITTE-LOPEZ, RAFAEL
Address: 2332 GALIANO ST., 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: CARRION-RUBERT, JOSE
Address: 2332 GALIANO ST., 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: CASELLAS-FERNANDEZ, ANTONIO
Address: 2332 GALIANO ST., 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SOTO-SEPULVEDA, ARNALDO
Address: 2332 GALIANO ST., 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: GAYA, CARLOS O
Address: 2332 GALIANO ST., 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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:

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: GABRIEL HERNANDEZ CPA 01/16/2009

Electronic Signature of Signing Officer or Director — Date