2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P95000013978

1. Entity Name

A.I. RISK SPECIALISTS OF FLORIDA, INC.



Principal Place of Business

2600 DOUGLAS ROAD

SUITE 1010

CORAL GABLES, FL 33134 US

Mailing Address

70 PINE STREET ATTN E M TUCK

NEW YORK, NY 10270

US





04252005

No Chg-P

CR2E034 (10/03)

4. FEI Number

13-3818981

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105

TALLAHASSEE, FL 32301

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8.	. The above named entity submits this statement for the purpose of changing its registe	red office or registered agent	t, or both, in the State of F	forida. I am familiar with	, and accept
	the obligations of registered agent.				•

SIGNATURE.

10.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TIZZIO, THOMAS R.

175 WALTER STREET NEW YORK, NY 10038 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE KELLY SHAWN NAME 100 SUMMER STREET STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02110 TITLE NAME RIVLIN, RACHEL 100 SUMMER STREET STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02110 TUCK, ELIZABETH M NAME STREET ADDRESS 70 PINE STREET CITY-ST-ZIP NEW YORK, NY TITLE BENSINGER, STEVEN J 70 PINE STREET STREET ADDRESS NEW YORK, NY 10270 CITY-ST-ZIP TITLE KELLEY, KEVIN H NAME STREET ADDRESS 100 SUMMER STREET CITY-ST-ZIP BOSTON, MA 02110 TITLE

300053050393

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-26-05 (212)770-7000



ACCOUNT NO. : 072100000032

4320171

REFERENCE : 343551

AUTHORIZATION: Tatricia

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:06 AM

ORDER NO. : 343551-010

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon

American International Group, 30th Floor, 70 Pine Street

- Corporate

New York, NY 10270

ANNUAL REPORT FILING

NAME:

A.I. RISK SPECIALISTS OF

FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS:

05 APR 29 PH 1: 01

DEPARTMENT OF STATE
ONVISION OF CORPORATIONS
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