

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000096983

**FILED  
Jan 22, 2005  
Secretary of State**

**Entity Name:** RISK MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

6444 ALLISON RD  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6444 ALLISON RD  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 65-0735957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FENSTERMACHER, FREDRIC  
6444 ALLISON RD  
MIAMI BEACH, FL 33141    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:            P            ( ) Delete  
Name:            FENSTERMACHER, FREDRIC  
Address:        6444 ALLISON RD  
City-St-Zip:    MIAMI, FL 33141

Title:            D            ( ) Delete  
Name:            HAGOPIAN, JASON R  
Address:        6444 ALLISON RD.  
City-St-Zip:    MIAMI BEACH, FL 33141

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:            D            ( ) Change (X) Addition  
Name:            JOHNSON, ELSA G  
Address:        301 YAMATO RD., SUITE 3120  
City-St-Zip:    BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FREDRIC FENSTERMACHER

P

01/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date