

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096983

FILED  
Jan 03, 2012  
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 ( )**

**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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FENSTERMACHER, FREDRIC  
**Address:** 6444 ALLISON RD  
**City-St-Zip:** MIAMI, FL 33141

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

I hereby 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 all other like empowered.

SIGNATURE: FREDRIC FENSTERMACHER

P

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date