

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S33356

FILED
Mar 24, 2009
Secretary of State

Entity Name: RICHPORT INSURANCE SERVICES, INC.

Current Principal Place of Business:

699 N.W. 123RD PLACE
MIAMI, FL 33182 US

New Principal Place of Business:

12843 CRAGSIDE LN
WINDERMERE, FL 34786 US

Current Mailing Address:

1421 SW 107 AVENUE
#305
MIAMI, FL 331742509 US

New Mailing Address:

12843 CRAGSIDE LN
WINDERMERE, FL 34786 US

FEI Number: 65-0269923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LLORENS, RAFAEL
699 N.W. 123RD PLACE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

LLORENS, RAFAEL
12843 CRAGSIDE LN
WINDERMERE, FL 34786 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLORENS, RAFAEL A.,
Address: 699 NW 123 PLACE
City-St-Zip: MIAMI, FL 33182 US

Title: S () Delete
Name: LLORENS, MAGALY P.,
Address: 699 NW 123 PLACE
City-St-Zip: MIAMI, FL 33182 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LLORENS, RAFAEL A.,
Address: 12843 CRAGSIDE LN
City-St-Zip: WINDERMERE, FL 34786 US

Title: S (X) Change () Addition
Name: LLORENS, MAGALY P.,
Address: 12843 CRAGSIDE LN
City-St-Zip: WINDERMERE, FL 34786 US

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: RAFAEL A. LLORENS

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date