


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 050 ***150.00

DOCUMENT # V38098					
1. Entity Name HAMILTON RISK MANAGEMENT CO.					
Principal Place of Business 3155 N.W. 77TH AVENUE MIAMI, FL 33122-3700			Mailing Address 3155 N.W. 77TH AVENUE MIAMI, FL 33122-3700		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0333519	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NAON, ALBERTO 3155 N.W. 77TH AVENUE MIAMI, FL 33122-3700				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESPIN, ROBERTO		NAME		
STREET ADDRESS	3155 N.W. 77TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331223700		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTON, KEVIN		NAME		
STREET ADDRESS	3155 N.W. 77TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331223700		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALDULAIMI, RACHAEL		NAME		
STREET ADDRESS	3155 N.W. 77TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331223700		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, SHAUN		NAME		
STREET ADDRESS	3155 N.W. 77TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331223700		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STAR, WILLIAM		NAME	Director	
STREET ADDRESS	3155 N.W. 77TH AVENUE		STREET ADDRESS	Alberto Naon	
CITY-ST-ZIP	MIAMI, FL 331223700		CITY-ST-ZIP	3155 NW 77 Ave	
				Miami FL 331223700	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JOHN		NAME		
STREET ADDRESS	3155 N.W. 77TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331223700		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			Date: 4/21/08 (305) 716-6009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		