

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000020116

**Entity Name:** NEIZVEST FINANCIAL RISK MANAGEMENT INC.

**FILED  
Apr 30, 2015  
Secretary of State  
CC6582198363**

**Current Principal Place of Business:**

430 TIMBERWALK CT.  
# 1017  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

430 TIMBERWALK CT  
#1017  
PONTE VEDRA, FL 32082 US

**FEI Number: 45-4672723**

**Certificate of Status Desired: No**

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

NEIZVEST, LEYA  
430 TIMBERWALK CT  
PONTE VEDRA, FL 32082 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           PTD  
Name           NEIZVEST, LEYA  
Address        430 TIMBERWALK CT #1017  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           VPD  
Name           NEIZVEST, DAMIEN  
Address        430 TIMBERWALK CT. #1017  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           SD  
Name           NEIZVESTNAYA, TATYANA  
Address        430 TIMBERWALK CT. #1017  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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: LEYA NEIZVEST**

**DIRECTOR**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date