


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90465 021 \*\*\*150.00

**DOCUMENT # P04000159384**

1. Entity Name  
**COVER-ALL USA, INC.**



Principal Place of Business  
**6570 SHERIDIAN STREET  
 HOLLYWOOD, FL 33024**

Mailing Address  
**6570 SHERIDIAN STREET  
 HOLLYWOOD, FL 33024**

2. Principal Place of Business <i>2700 Glades Circle</i>	3. Mailing Address <i>1431 Capri Lane</i>
Suite, Apt. #, etc. <i>Suite #103</i>	Suite, Apt. #, etc. <i>unit 5216</i>
City & State <i>Weston, Fl.</i>	City & State <i>Weston, Fl.</i>
Zip <i>33327</i>	Zip <i>33326</i>
Country <i>U.S.A.</i>	Country <i>U.S.A.</i>



03182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1915347**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSHUA**  
**6570 SHERIDIAN STREET**  
**HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent

Name  
**Milciades Rosario**

Street Address (P.O. Box Number is Not Acceptable)  
**5720 W. 25 CT.**

City  
**Hialeah**

FL Zip Code  
**33016**

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 *[Signature]* DATE **4/25/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONOR, JUSTO 6570 SHERIDIAN STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSHUA 6570 SHERIDIAN STREET HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* DATE **4/25/05** (954) 389-7495

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR