


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90197 038 \*\*\*150.00

**DOCUMENT # P04000159384**

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



Principal Place of Business      Mailing Address

**2700 GLADES CIRCLE  
 STE #103  
 FORT LAUDERDALE, FL 33327**

**1431 CAPRI LANE  
 UNIT 5216  
 FORT LAUDERDALE, FL 33326**

40055287



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04062006      Chg-P      CR2E034 (11/05)

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		7. Name and Address of New Registered Agent	
<b>ROSARIO, MILCIADES                      5720 W. 25 CT                      HIALEAH, FL 33016</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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	<b>D</b> <b>LEONOR, JUSTO</b> <b>6570 SHERIDIAN STREET</b> <b>HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEONOR, JUSTO</b> <b>1431 CAPRI LANE. Unit 5216</b> <b>FORT LAUDERDALE, FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEONOR, JOSEPH</b> <b>6570 SHERIDIAN STREET</b> <b>HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEONOR, JOSEPH</b> <b>1431 CAPRI LANE. Unit 5216</b> <b>FORT LAUDERDALE, FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THEN, RAMON</b> <b>6570 SHERIDIAN STREET</b> <b>HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THEN, RAMON</b> <b>1431 CAPRI LANE. Unit 5216</b> <b>FORT LAUDERDALE, FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALBUENA, LEANDRO A</b> <b>6570 SHERIDIAN STREET</b> <b>HOLLYWOOD, FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALBUENA, LEANDRO A.</b> <b>1431 CAPRI LANE. Unit 5216</b> <b>FORT LAUDERDALE, FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without other like empowerment.

SIGNATURE: \_\_\_\_\_ Date: **04/06/06** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR