## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000038740

City-St-Zip:

Entity Name: COMCOVER INSURANCE GROUP, INC.

FILED Dec 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2800 WEST STATE ROAD 84, SUITE 116 DANIA, FL 33312 **Current Mailing Address: New Mailing Address:** 2800 WEST STATE ROAD 84, SUITE 116 DANIA, FL 33312 US FEI Number: 65-1181430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, ANTHONY JOHNSON, ANTHONY 100 SOUTH BIRCH RD. #1603 12560 SW 15TH MANOR FORT LAUDERDALE, FL 33316 US DAVIE, FL 33325 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: 12/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition VARGAS, RICARDO Name: Name: 1451 MARTINIQUE COURT # 6307 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33326 US City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: JOHNSON, ANTHONY Name: JOHNSON, ANTHONY 100 SOUTH BIRCH ROAD # 1603 12560 SW 15TH MANOR Address: Address: FORT LAUDERDALE, FL 33316 **DAVIE, FL 33325** City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VΡ () Change () Addition STRENGER, SCOTT Name: Name: 351 NW 10TH COURT Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: **PRES** ( ) Change (X) Addition MARTIN, IRA Name: Name: Address: Address: 4175 NW 24TH TERRACE

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.

City-St-Zip:

BOCA RATON, FL 33431

SIGNATURE: ANTHONY L JOHNSON CEO 12/04/2008