

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000038740

**FILED**  
**Oct 13, 2009**  
**Secretary of State****Entity Name:** COMCOVER INSURANCE GROUP, INC.**Current Principal Place of Business:**2800 WEST STATE ROAD 84, SUITE 116  
DANIA, FL 33312 US**New Principal Place of Business:****Current Mailing Address:**2800 WEST STATE ROAD 84, SUITE 116  
DANIA, FL 33312 US**New Mailing Address:****FEI Number:** 65-1181430**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOHNSON, ANTHONY  
12560 SW 15TH MANOR  
DAVIE, FL 33325 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: VARGAS, RICARDO  
Address: 1451 MARTINIQUE COURT # 6307  
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: CEO ( ) Delete  
Name: JOHNSON, ANTHONY  
Address: 12560 SW 15TH MANOR  
City-St-Zip: DAVIE, FL 33325

Title: VP (X) Delete  
Name: STRENGER, SCOTT  
Address: 351 NW 10TH COURT  
City-St-Zip: BOCA RATON, FL 33486

Title: PRES (X) Delete  
Name: MARTIN, IRA  
Address: 4175 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ANTHONY JOHNSON

CEO

10/13/2009

Electronic Signature of Signing Officer or Director

Date