

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159384

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: COVER-ALL USA, INC.

**Current Principal Place of Business:**

2700 GLADES CIRCLE  
STE #103  
FORT LAUDERDALE, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1431 CAPRI LANE  
UNIT 5216  
FORT LAUDERDALE, FL 33326

**New Mailing Address:**

FEI Number: 20-1915347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROSARIO, MILCIADES  
5720 W. 25 CT  
HIALEAH, FL 33016      US

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

JUSTO, LEONOR  
1431 CAPRI LN UNIT 5216  
WESTON, FL 33326      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: JUSTO LEONOR      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LEONOR, JUSTO  
Address: 1431 CAPRI LANE UNIT 5216  
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D      ( ) Delete  
Name: LEONOR, JOSEPH  
Address: 1431 CAPRI LANE UNIT 5216  
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D      ( ) Delete  
Name: THEN, RAMON  
Address: 1431 CAPRI LN UNIT 5216  
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D      (X) Delete  
Name: BAIBUENA, LEANDRO A  
Address: 1431 CAPRI LN UNIT 5216  
City-St-Zip: FORT LAUDERDALE, FL 33326

**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: JUSTO LEONOR      D      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date