

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000131056

FILED
Mar 09, 2009
Secretary of State**Entity Name:** NAM COVERAGE CORP.**Current Principal Place of Business:**4651 SHERIDAN STREET
STE 430
HOLLYWOOD, FL 33021**New Principal Place of Business:**2875 NE 191 STREET
STE 504
AVENTURA, FL 33180**Current Mailing Address:**4651 SHERIDAN STREET
STE 430
HOLLYWOOD, FL 33021**New Mailing Address:**2875 NE 191 STREET
STE 504
AVENTURA, FL 33180**FEI Number:** 20-5716630**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREEN, MITCHELL F
4000 HOLLYWOOD BLVD SUITE 485 SOUTH
HOLLYWOOD, FL 33021 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:** PRES () Delete
Name: AMODEO, ANDREA
Address: 4651 SHERIDAN STREET, STE 430
City-St-Zip: HOLLYWOOD, FL 33021**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: AMODEO, ANDREA
Address: 2875 NE 191 STREET, STE 504
City-St-Zip: AVENTURA, FL 33180

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: ANDREA AMODEO

PRES

03/09/2009

Electronic Signature of Signing Officer or Director_____
Date