

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031132

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MULTINATIONAL INSURANCE GROUP, INC.

## Current Principal Place of Business:

2600 DOUGLAS ROAD  
800  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

8770 SUNSET DR. #525  
MIAMI, FL 33173

## New Principal Place of Business:

9055 SW 87TH AVENUE  
315  
MIAMI, FL 33176 US

## New Mailing Address:

9055 SW 87TH AVENUE  
315  
MIAMI, FL 33176 US

FEI Number: 26-2935643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA  
700  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SURMAWALA, YOUSEF J  
Address: 2600 DOUGLAS ROAD, SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VS ( ) Delete  
Name: LISSARRAGUE, VIDAL  
Address: 2600 DOUGLAS ROAD  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: YOUSEF, SURMAWALA  
Address: 9055 SW 87TH AVENUE #315  
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change ( ) Addition  
Name: LISSARRAGUE, VIDAL  
Address: 9055 SW 87TH AVENUE #315  
City-St-Zip: MIAMI, FL 33176 US

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: VIDAL LISSARRAGUE

VP

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date