

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000031132

**FILED**  
**Sep 29, 2009**  
**Secretary of State****Entity Name:** MULTINATIONAL INSURANCE GROUP, INC.**Current Principal Place of Business:**9055 SW 87TH AVENUE  
315  
MIAMI, FL 33176 US**New Principal Place of Business:****Current Mailing Address:**9055 SW 87TH AVENUE  
315  
MIAMI, FL 33176 US**New Mailing Address:****FEI Number:** 26-2935643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****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:**LISSARRAGUE, VIDAL  
9055 SW 87TH AVENUE  
315  
MIAMI, FL 33176 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: VIDAL LISSARRAGUE

09/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES      (X) Delete  
**Name:** YOUSEF, SURMAWALA  
**Address:** 9055 SW 87TH AVENUE #315  
**City-St-Zip:** MIAMI, FL 33176**Title:** VP      ( ) Delete  
**Name:** LISSARRAGUE, VIDAL  
**Address:** 9055 SW 87TH AVENUE #315  
**City-St-Zip:** MIAMI, FL 33176 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P      (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

P

09/29/2009

Electronic Signature of Signing Officer or Director

Date