

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 10, 2008
Secretary of State**

DOCUMENT# P98000030216

Entity Name: MIRAGE INSURANCE GROUP, INC.

Current Principal Place of Business:

4478 WESTON RD
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

4478 WESTON RD
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-0825122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRAGLIOTTA, STEVEN
725 NE 167 STREET
NORT MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

MIRAGLIOTTA, STEVEN J
4478 WESTON ROAD
DAVIE, FL 33331 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: STEVEN J MIRAGLOTTA 09/10/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MIRAGLIOTTA, STEVEN J
Address: 725 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MIRAGLIOTTA, STEVEN J
Address: 4478 WESTON RD
City-St-Zip: DAVIE, FL 33331

Title: VP () Change (X) Addition
Name: MIRAGLIOTTA, JOSEPH J
Address: 4478 WESTON RD
City-St-Zip: DAVIE, FL 33331

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: STEVEN J. MIRAGLIOTTA PSTD 09/10/2008
Electronic Signature of Signing Officer or Director Date