

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90100 019 \*\*\*150.00

<b>DOCUMENT # P98000045642</b> 1. Entity Name COVERINGS ETC. INC.			
Principal Place of Business 12555 BISCAYNE BLVD, SUITE #782 N MIAMI, FL 33181		Mailing Address 12555 BISCAYNE BLVD, SUITE #782 N MIAMI, FL 33181	
2. Principal Place of Business -- No P.O. Box # --- 7610 NE 4TH COURT Suite, Apt. #, etc.		3. Mailing Address 7610 NE 4TH COURT Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33138		City & State MIAMI, FL Zip 33138	
4. FEI Number 65-0837386		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MIZRAHI, OFER 12555 BISCAYNE BLVD, SUITE #782 N MIAMI, FL 33181		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 7610 NE 4TH COURT  City MIAMI FL Zip Code 33138	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MIZRAHI, OFER 12555 BISCAYNE BLVD, SUITE #782 N MIAMI, FL 33181	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7610 NE 4TH COURT MIAMI, FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>		OFFER MIZRAHI 4/16/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	