

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000030216

**Entity Name:** MIRAGE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

12401 ORANGE DRIVE  
SUITE 205  
DAVIE, FL 33330

**Current Mailing Address:**

20340 N.W. 4TH ST.  
PEMBROKE PINES, FL 33029

**FEI Number:** 65-0825122

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MIRAGLIOTTA, STEVEN J  
20340 N.W. 4TH ST.  
PEMBROKE PINES, FL 33029 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSTD  
Name MIRAGLIOTTA, STEVEN J  
Address 20340 N.W. 4TH ST.  
City-State-Zip: PEMBROKE PINES FL 33029

Title SECRETARY  
Name MIRAGLIOTTA, MARTHA M  
Address 20340 N.W. 4TH ST.  
City-State-Zip: PEMBROKE PINES FL 33029

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN MIRAGLIOTTA

**OWNER**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date