


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91044 017 ***150.00

DOCUMENT # P02000022794

1. Entity Name
MEGA INTERNATIONAL DISTRIBUTORS CORP.



Principal Place of Business: **10865 NW 29TH ST #200 MIAMI, FL 33172**

Mailing Address: **10865 NW 29TH ST #200 MIAMI, FL 33172**

2. Principal Place of Business: **1601 NW 82 AVENUE**

3. Mailing Address: **1601 NW 82 AVENUE**

Suite, Apt. #, etc.

City & State: **DORAL, FLORIDA**

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Zip: **33126** Country: **USA**

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04072004 Chg-P CR2E034 (10/03)

4. Fed Number: **02-0555517**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MANUEL
10865 NW 29TH ST #200
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: **GARCIA, MANUEL**

Street Address (P.O. Box Number is Not Acceptable):
1601 NW 82 AVENUE

City: **DORAL** FL Zip Code: **33126**

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, the registered agent.

SIGNATURE: **MANUEL GARCIA, PRESIDENT** DATE: **4/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, MANUEL	
STREET ADDRESS	10865 NW 29TH ST #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MELLA FEBLES, CARLOS MANUEL	
STREET ADDRESS	10865 NW 29TH ST #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, ROSSIN	
STREET ADDRESS	10865 NW 29TH ST #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PABLO DE MELLA, ROSA MARIA	
STREET ADDRESS	10865 NW 29TH ST #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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.

SIGNATURE: **MANUEL GARCIA** DATE: **4/23/04** (205) 463-0470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR