2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022794

1. Entity Name

MEGA INTERNATIONAL DISTRIBUTORS CORP.



Principal Place of Business

9805 NW 52ND STREET

SUITE 516 DORAL, FL 33178 Mailing Address

9805 NW 52ND STREET Suite 516

DORAL, FL 33178

FILED Apr 16, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI 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 9805 NW 52ND STREET SUITE 516 DORAL, FL 33178

CITY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

VI/04/2008

Date

305-392-5391

Daytime Phone #

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				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000893963 04/29/08-80011-002 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELLA FEBLES, CARLOS MANUEL 9805 NW 52ND STREET #516 DORAL, FL 33178				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANUEL, GARCIA 9805 NW 52ND STREET # 516 DORAL, FL 33178				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PABLO DE MELLA, ROSA MARIA 9805 NW 52ND STREET #516 DORAL, FL 33178			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 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 truttee 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 approprias, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARlos MELLA