



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000022794 1. Entity Name MEGA INTERNATIONAL DISTRIBUTORS CORP.	
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Principal Place of Business 9805 NW 52ND STREET SUITE 516 DORAL, FL 33178	Mailing Address 9805 NW 52ND STREET SUITE 516 DORAL, FL 33178
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MANUEL
 9805 NW 52ND STREET
 SUITE 516
 DORAL, FL 33178

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000899963
 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: *Carlos Mella* CARLOS MELLA 01/04/2008 305-392-5391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #