

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022794

FILED
Jan 16, 2009
Secretary of State

Entity Name: MEGA INTERNATIONAL DISTRIBUTORS CORP.

Current Principal Place of Business:

9805 NW 52ND STREET
SUITE 516
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9805 NW 52ND STREET
SUITE 516
DORAL, FL 33178

New Mailing Address:

FEI Number: 02-0555517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MELLA, CARLOS
9805 NW 52ND STREET
SUITE 516
DORAL, FL 33178 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: CARLOS MELLA 01/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELLA FEBLES, CARLOS MANUEL
Address: 9805 NW 52ND STREET #516
City-St-Zip: DORAL, FL 33178

Title: VD () Delete
Name: MANUEL, GARCIA
Address: 9805 NW 52ND STREET # 516
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: PABLO DE MELLA, ROSA MARIA
Address: 9805 NW 52ND STREET #516
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PABLO, ROSA
Address: 9805 NW 52ND STREET # 516
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS MELLA P 01/16/2009

Electronic Signature of Signing Officer or Director Date