

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 038 ***150.00

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1. Entity Name
MEGATRANS INTERNATIONAL, INC.

Principal Place of Business
**5505 JOHNS RD
 STE 710
 TAMPA, FL 33624 US**

Mailing Address
**PO BOX 15888
 TAMPA, FL 33634 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
65-0451496

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DONOVAN, WILLIAM J
 5436 LAKE LE CLARE RD.
 LUTZ, FL 33558**

7. Name and Address of New Registered Agent
 Name
BRUCE ARRICK
 Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD, SUITE 1500
 City
MIAMI FL Zip Code
33156

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]* **William J. Donovan** **1/10/05**
Signature must be 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, WILLIAM J 5436 LAKE LE CLARE RD. LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUCE ARRICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9130 S. DADELAND BLVD SUITE 1500, MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Director** **1/10/05** **913 376 9416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
William J. DONOVAN