2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2005 08:00 AM **DOCUMENT # P95000035049 Secretary of State** 1. Folity Name MEGA GROUP EXPORT-IMPORT, INC. Principal Place of Business Mailing Address 12350 S.W. 132 COURT 12350 S.W. 132 COURT SUITE 207 SUITE 207 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 01052005 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State 65-0592061 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name JARAMILLO, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 12350 S.W. 132ND COURT SUITE 207 MIAMI, FL 33186 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition TITLE Delete CELIS, CARLOS A NAME NAME U000002**6**0386 STREET ADDRESS KRA 9 #18-50 #302 STREET ADDRESS 03/12/05-80022-024 150.00 CITY-ST-ZIP CITY-ST-ZIP BOGOTA, COLUMBIA, TITLE ☐ Defete TITLE ☐ Change ☐ Addition CASTILLO, SANDRA P NAME NAME STREET AUDRESS KRA 9 #18-50 #302 STREET ADDRESS CITY-ST-ZIP BOGOTA, COLUMBIA, CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f), 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.

TITLE

NAME

NAME

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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