


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000038304

1. Entity Name
MEGA, LLC



Principal Place of Business 15923 BISCAYNE BLVD. SUITE 212 NORTH MIAMI, FL 33160	Mailing Address 15923 BISCAYNE BLVD. SUITE 212 NORTH MIAMI, FL 33160
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02122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1682414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PADRON, CARLOS E
 VILA, PADRON & DIAZ, P.A.
 2 ALHAMBRA PLAZA, STE. 860
 CORAL GABLES, FL 33134**

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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)

**Filing Fee is \$50.00
 Due by May 1, 2007**

U00000641855
 03/01/07-80016-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, GUILLERMO 15923 BISCAYNE BLVD. NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, SUZANNE 15923 BISCAYNE BLVD. NORTH MIAMI, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____