

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065893

FILED
Apr 01, 2012
Secretary of State

Entity Name: MEGAVIZION-TU UNIVERSO PRODUCTIONS, AGAPE NEWS MAGAZINE KINGDOM FLAGS INT, CORP

Current Principal Place of Business:

14620 SW 173 ST
MIAMI, FL 33177 US

New Principal Place of Business:

14620 SW 173 ST
14620 SW 173RD ST
MIAMI, FL 33177 US

Current Mailing Address:

14620 SW 173 ST
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 27-3227995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, FRANCESCO J SR
14620 SW 173 ST
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: VARGAS, FRANCESCO J
Address: 14620 SW 173 ST
City-St-Zip: MIAMI, FL 33177 UN

Title: DIRE
Name: VARGAS, FRANCESCO J
Address: 14620 SW 173 ST
City-St-Zip: MIAMI, FL 33177 UN

Title: P
Name: FRANCESCO, VARGAS J SR
Address: P.O. BOX 771861
City-St-Zip: MIAMI, FL 33177 UN

Title: DIRE
Name: FRANCESCO, VARGAS J SR
Address: P.O. BOX 771861
City-St-Zip: MIAMI, FL 33177 UN

Title: P
Name: FRANCESCO, VARGAS J SR
Address: P.O. BOX 771861
City-St-Zip: MIAMI, FL 33177 UN

Title: DIRE
Name: FRANCESCO, VARGAS J SR
Address: P.O. BOX 771861
City-St-Zip: MIAMI, FL 33177 UN

I hereby 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 all other like empowered.

SIGNATURE: FRANCESCO J VARGAS

DIRE

04/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date