

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000022794

**Entity Name:** MEGA INTERNATIONAL DISTRIBUTORS CORP.

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC1767490879**

**Current Principal Place of Business:**

9805 NW 52ND STREET  
SUITE 516  
DORAL, FL 33178

**Current Mailing Address:**

9805 NW 52ND STREET  
SUITE 516  
DORAL, FL 33178

**FEI Number:** 02-0555517

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VD  
Name PABLO, ROSA  
Address 9805 NW 52ND STREET # 516  
City-State-Zip: DORAL FL 33178

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

*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:** MELLA FEBLES, CARLOS MANUEL

**GENERAL MANAGER**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date