

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000086117

**Entity Name:** MP MEGA MIAMI, INC.

**Current Principal Place of Business:**

420 LINCOLN ROAD  
#408  
MIAMI, FL 33139

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC1200717329**

**Current Mailing Address:**

420 LINCOLN ROAD  
#408  
MIAMI, FL 33139 US

**FEI Number: 80-0656185**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FONSECA, MARCUS  
420 LINCOLN RD.  
SUITE 408  
MIAMI BEACH, FL 33139 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: MARCUS FONSECA**

**01/14/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FONSECA, MARCUS  
Address 420 LINCOLN ROAD #408  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name SILVA, RICCARDO  
Address 420 LINCOLN ROAD #408  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name POZZALI, CARLO  
Address 420 LINCOLN ROAD #408  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name GUASTONI, ELENA  
Address 420 LINCOLN ROAD #408  
City-State-Zip: MIAMI FL 33139

Title D  
Name MONTINI, MARCELLO  
Address 420 LINCOLN ROAD #408  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name DI CORINTO, GIOVANNI  
Address 420 LINCOLN ROAD #408  
City-State-Zip: MIAMI BEACH FL 33139

*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: MARCUS FONSECA**

**CEO**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date