

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000001585

**Entity Name:** MEGLADON INC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
PH5  
MIAMI, FL 33134

**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**0427325859CC**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD  
PH5  
MIAMI, FL 33134 US

**FEI Number:** 35-2553635

**Certificate of Status Desired:** No

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

MANAGEMENT TAX CONSULTING, INC.  
4430 ORCHID BLVD STE 202  
CAPE CORAL, FL 33904 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 D  
Name ATTIA, NARCISO  
Address 23RD FLOOR AVE PASEO DEL MAR  
COSTA DEL EST  
City-State-Zip: PANAMA CITY, REPUBLIC OF PA.

Title D  
Name ATTIA, JACK  
Address 23RD FLOOR AVE PASEO DEL MAR  
COSTA DEL EST  
City-State-Zip: PANAMA CITY, REPUBLIC OF PA.

Title SECRETARY  
Name HEINZ, LOURDES  
Address 2100 PONCE DE LEON BLVD  
PH5  
City-State-Zip: MIAMI FL 33134

Title TREASURER  
Name HASE, ANDREAS  
Address 2100 PONCE DE LEON BLVD  
PH5  
City-State-Zip: MIAMI FL 33134

*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:** ANDREAS HASE

T

02/09/2019

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

\_\_\_\_\_  
Date