
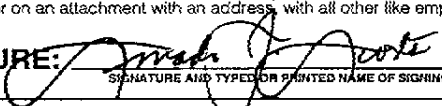


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G69294 1. Entity Name MEGATRAN, INC.		
Principal Place of Business 1680 N.W. 96TH AVE. MIAMI, FL 33172	Mailing Address 1680 N.W. 96TH AVE. MIAMI, FL 33172	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ACOSTA, AMADO J. 1680 NW 96TH AVE MIAMI, FL 33172		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCCC ACOSTA, AMADO J 1680 NW 96 AVE MIAMI, FL 331722843	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT ACOSTA, NILDA L. 1680 NW 96 AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ACOSTA, MICHAEL B. 1680 NW 96 AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CARVAJAL, PEDRO J. 1680 NW 96 AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS ACOSTA, RICHARD A 1680 NW 96 AVE MIAMI, FL 331722843	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  AMADO J. ACOSTA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2332736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/09/04-80019-006 150.00

**DO NOT WRITE
IN THIS SPACE**

1/6/04 **(305) 477-1707** **efc.11**