

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G69294

Entity Name: MEGATRAN, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1680 N.W. 96TH AVE.  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1680 N.W. 96TH AVE.  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 59-2332736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACOSTA, AMADO J.  
1680 NW 96TH AVE  
MIAMI, FL 33172 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: DCCC  
Name: ACOSTA, AMADO J  
Address: 1680 NW 96 AVE  
City-St-Zip: MIAMI, FL 331722843

Title: DVT  
Name: ACOSTA, NILDA L.  
Address: 1680 NW 96 AVE  
City-St-Zip: MIAMI, FL 33172

Title: DP  
Name: ACOSTA, MICHAEL B.  
Address: 1680 NW 96 AVE  
City-St-Zip: MIAMI, FL 33172

Title: DS  
Name: CARVAJAL, PEDRO J.  
Address: 1680 NW 96 AVE  
City-St-Zip: MIAMI, FL 33172

Title: DAS  
Name: ACOSTA, RICHARD A  
Address: 1680 NW 96 AVE  
City-St-Zip: MIAMI, FL 331722843

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: AMADO J. ACOSTA

DCCC

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date