

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K47752	
1. Entity Name MEGACOLOR CORPORATION	



FILED

08 MAY -2 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04232008 Chg-P CR2E034 (12/06)

Principal Place of Business 1498 NW 3RD ST. DEERFIELD BEACH, FL 33442	Mailing Address 1498 NW 3RD ST. DEERFIELD BEACH, FL 33442
---	---

2. Principal Place of Business - No P.O. Box # 1388 SW 8th St	3. Mailing Address 1388 SW 8th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33069	Country Broward
Zip 33069	Country Broward

4. FEI Number 65-0083486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: X (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT - HERSHKOWITZ, PAUL 1498 NW 3RD ST. DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1388 SW 8th Street Pompano Beach FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700128354617 05/05/08--01003--031 **117.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/28/08 Daytime Phone #: 9547823600