

04-30-2004 90088 001 ****50.00
 04-30-2004 90088 002 *****5.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L01000004674



1. Entity Name
 MEGA USA LLC

Principal Place of Business
 SAN IGNACIO 157 Y AV. 6 DE
 DICIEMBRE, ED. QUINARA P.B.
 QUITO - ECUADOR

Mailing Address
 SAN IGNACIO 157 Y AV. 6 DE
 DICIEMBRE, ED. QUINARA P.B.
 QUITO - ECUADOR

34004676



2. Principal Place of Business		3. Mailing Address		04202004 Chg-LLC CR2E083 (10/03)	
State, Apt. #, etc.		State, Apt. #, etc.		4. FEI Number	
City & State		City & State		65-1085695	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Approved For		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MONTOYA, EDWARD ESQ. 888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131			Name Edward Montoya, Esq.		
			Street Address (P.O. Box Number is Not Acceptable)		
			232 Andalusia Avenue, Suite 370		
			City Coral Gables,	FL	Zip Code 33134

9. 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 registration agent.

SIGNATURE: DATE: 04/20/04

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOFRIO, JOSE M		NAME		
STREET ADDRESS	888 BRICKELL AVE 5TH FLOOR		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33131		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Jose Maria Riofrio** **04/20/04** **305.445.9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #