2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005157

1. Entity Name
MEGA MODELS OF_MIAMI L.L.C.

Principal Place of Business	Mailing Address
420 LINCOLN ROAD SUITE 408	420 LINCOLN ROAD SUITE 408
MIAMI, FL 33139	MIAMI, FL 33139

DO NOT WRITE IN THIS SPACE

02152005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1058928	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, JONATHAN N ESQ
6632 SW 64 AVE
MIAMI, FL 33143

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
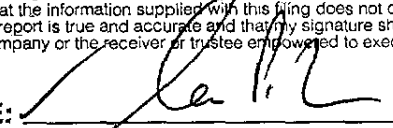
Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FONSECA, MARCUS
STREET ADDRESS	642 NE 69 ST
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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0000000516496
04/19/05-80077-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   04.15.2005   (305)672.6342

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