


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 SEP 30 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005669	
1. Entity Name MEGAIMPEX, LLC	

Principal Place of Business C/O BECKER & POLIAKOFF//ATN: N. POLIAKOVA 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312	Mailing Address C/O BECKER & POLIAKOFF//ATN: N. POLIAKOVA 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312
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2. Principal Place of Business 801 Brickell Avenue Suite, Apt. #, etc. Suite 900 City & State Miami, FL Zip 33131 Country U.S.A	3. Mailing Address Attn: Ilya Bykov c/o Protax Services Suite, Apt. #, etc. 40 Rector Street City & State New York, NY Zip 10006 Country U.S.A
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09212004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent POLIAKOVA, NATALIA V ESQ. C/O BECKER & POLIAKOFF 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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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 Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE 9/30/04
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when filing.)

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLMAZIN, ALEC 1 WEST 67TH STREET, APT. 1414 NEW YORK, NY 10023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOXER, ALLEN ESSEX TOWER, 340 SUNSET DRIVE, APT. 901 FT. LAUDERDALE, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/27/04 212-747-0950
Date Daytime Phone #