

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# L03000038304

Entity Name: MEGA, LLC

Current Principal Place of Business:

15200 BISCAYNE BLVD.
NORTH MIAMI, FL 33160

New Principal Place of Business:

16123 BISCAYNE BLVD.
NORTH MIAMI, FL 33160

Current Mailing Address:

15200 BISCAYNE BLVD.
NORTH MIAMI, FL 33160

New Mailing Address:

16123 BISCAYNE BLVD.
NORTH MIAMI, FL 33160

FEI Number: 73-1682414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PADRON, CARLOS E
VILA, PADRON & DIAZ, P.A.
2 ALHAMBRA PLAZA, STE. 860
CORAL GABLES, FL 33134 US

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

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HANFLING, GUILLERMO
Address: 16123 BISCAYNE BLVD.
City-St-Zip: NORTH MIAMI, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HANFLING, SUZANNE
Address: 16123 BISCAYNE BLVD.
City-St-Zip: NORTH MIAMI, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUILLERMO HANFLING

MGRM

10/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date