


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000038304 1. Entity Name MEGA, LLC	
--	---

Principal Place of Business 16123 BISCAYNE BLVD. NORTH MIAMI, FL 33160	Mailing Address 16123 BISCAYNE BLVD. NORTH MIAMI, FL 33160
--	--

**DO NOT WRITE IN THIS SPACE**



01242005No Chg-LLC CR2E083 (10/03)

4. FCI Number 73-1682414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM HANFLING, GUILLERMO 16123 BISCAYNE BLVD. NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM HANFLING, SUZANNE 16123 BISCAYNE BLVD. NORTH MIAMI, FL 33160
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	

U00000206706  
 02/01/05-80016-008 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Unfiled Phone # \_\_\_\_\_