

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038304

1. Entity Name
MEGA, LLC



Principal Place of Business
**15923 BISCAYNE BLVD.
 SUITE 212
 NORTH MIAMI, FL 33160**

Mailing Address
**15923 BISCAYNE BLVD.
 SUITE 212
 NORTH MIAMI, FL 33160**



03012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000456149

03/16/06-80016-022 50.00

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HANFLING, GUILLERMO
STREET ADDRESS	15923 BISCAYNE BLVD.
CITY-ST-ZIP	NORTH MIAMI, FL 33160

TITLE	MGRM
NAME	HANFLING, SUZANNE
STREET ADDRESS	15923 BISCAYNE BLVD.
CITY-ST-ZIP	NORTH MIAMI, FL 33160

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #