


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000038304**

1. Entity Name  
**MEGA, LLC**



Principal Place of Business <b>15923 BISCAYNE BLVD.          SUITE 212          NORTH MIAMI, FL 33160</b>	Mailing Address <b>15923 BISCAYNE BLVD.          SUITE 212          NORTH MIAMI, FL 33160</b>
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**DO NOT WRITE IN THIS SPACE**



02122007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>73-1682414</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

U00000641855  
 03/01/07-80016-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, GUILLERMO 15923 BISCAYNE BLVD. NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, SUZANNE 15923 BISCAYNE BLVD. NORTH MIAMI, FL 33160
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**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 # \_\_\_\_\_