

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90157 034 ***155.00

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1. Entity Name

MEGA DOLLAR GROUP, LLC



Principal Place of Business

22101 SOUTHWEST 97TH COURT
MIAMI FL 33190

Mailing Address

22101 SOUTHWEST 97TH COURT
MIAMI FL 33190

00010117



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0715145

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SUAREZ, OLGA H
STREET ADDRESS 22101 SOUTHWEST 97TH COURT
CITY-ST-ZIP MIAMI FL 33190

TITLE MGR
NAME SUAREZ, LUZ M
STREET ADDRESS 22101 SOUTHWEST 97TH COURT
CITY-ST-ZIP MIAMI FL 33190

TITLE S
NAME MARULANDA, ROBERTO
STREET ADDRESS 22101 SOUTHWEST 97TH COURT
CITY-ST-ZIP MIAMI FL 33190

TITLE V
NAME VEGA, VANESSA
STREET ADDRESS 22101 SOUTHWEST 97TH COURT
CITY-ST-ZIP MIAMI FL 33190

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME SANTOS, LUIS
STREET ADDRESS 22101 SOUTHWEST 97TH CT
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #