

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 006 \*\*\*\*50.00

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03162006 Chg-LLC CR2E083 (11/05)

**DOCUMENT # L05000120674**

1. Entity Name  
**MEGA BUILDERS CENTER, LLC**



Principal Place of Business  
**10175 W. SUNRISE BLVD  
PLANTATION, FL 33322 US**

Mailing Address  
**10175 W. SUNRISE BLVD  
PLANTATION, FL 33322 US**

2. Principal Place of Business  
**3015 Chiquita Blvd.**

3. Mailing Address  
**12200 NW 5 Street**

City & State  
**Cape Coral FL**

City & State  
**Plantation FL**

4. FEI Number  
**20-3964305**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORALI, SHAI  
12200 NW 5TH STREET  
PLANTATION, FL 33325**

**7. Name and Address of New Registered Agent**

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

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORALI, SHAI	
STREET ADDRESS	12200 NW 5TH STREET	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MORALI, VAIDA	
STREET ADDRESS	12200 NW 5TH STREET	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amit Raz	
STREET ADDRESS	13110 SW 43 St.	
CITY-ST-ZIP	Davie, FL 33330	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yosef Harosh	
STREET ADDRESS	1134 SW 149 Ter.	
CITY-ST-ZIP	Sunrise FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Handwritten Signature]*

239-549-3032