

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116046

Entity Name: MEGA TRAVEL LLC

FILED  
May 29, 2008  
Secretary of State

**Current Principal Place of Business:**

3050 AVENTURA BLVD  
SUITE 203  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

3050 AVENTURA BLVD  
SUITE 203  
AVENTURA, FL 33180 US

**Current Mailing Address:**

3050 AVENTURA BLVD  
SUITE 203  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 26-1425593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LAMUS, CLEMENTE A  
20379 N COUNTRY CLUB DR  
337  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAMUS, CLEMENTE A  
Address: 20379 N COUNTRY CLUB DR #337  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Delete  
Name: SOLER, JESUS  
Address: 3050 AVENTURA BLVD  
City-St-Zip: AVENTURA, FL 33180 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLEMENTE A LAMUS

MGR

05/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date