


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90036 013 \*\*\*150.00


DOCUMENT # P00000024140  
 1. Entity Name  
**MEGA WHOLESALERS CORPORATION**



Principal Place of Business Mailing Address  
**5522 NW 163 STREET MIAMI, FL 33014** **5522 NW 163 STREET MIAMI, FL 33014**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

9000111  
  
 01022008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0991466** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
**NG, CHOR LAM**  
**5522 NW 163 STREET**  
**MIAMI, FL 33014**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent's signature required when registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NG, CHOR LAM</b> <b>5522 NW 163 STREET</b> <b>MIAMI, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OFFICE MANAGER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NG, PING LAM</b> <b>5522 NW 163 STREET</b> <b>MIAMI, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>OFFICE MANAGER</b> <b>NG, YUI LAM</b> <b>5522 NW 163 STREET</b> <b>MIAMI, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY</b> <b>NG HO, FUNG KWAN</b> <b>5522 NW 163 STREET</b> <b>MIAMI, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>OFFICE MANAGER</b> <b>NG, CHIVE</b> <b>5522 NW 163 STREET</b> <b>MIAMI, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Tanny / TAMMY **TAMMY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 01/05/08 Daytime Phone: (305)620-9933