

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024140

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** MEGA WHOLESALES CORPORATION

**Current Principal Place of Business:**

5522 NW 163 STREET  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5522 NW 163 STREET  
MIAMI, FL 33014

**New Mailing Address:**

**FEI Number:** 65-0991466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NG, CHOR LAM  
5522 NW 163 STREET  
MIAMI, FL 33014 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NG, CHOR LAM  
Address: 5522 NW 163 STREET  
City-St-Zip: MIAMI, FL 33014

Title: OM  
Name: NG, PING L  
Address: 5522 NW 163 ST  
City-St-Zip: MIAMI, FL 33014

Title: OM  
Name: NG, YUI L  
Address: 5522 NW 163 ST  
City-St-Zip: MIAMI, FL 33014

Title: S  
Name: NG HO, FUNG K  
Address: 5522 NW 163 ST  
City-St-Zip: MIAMI, FL 33014

Title: OM  
Name: NG, CHIVE  
Address: 5522 NW 163 ST  
City-St-Zip: MIAMI, FL 33014

Title: OM  
Name: NG, CHIO  
Address: 5522 NW 163 ST  
City-St-Zip: MIAMI, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHIVE NG

OM

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date