

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000025790 1. Entity Name MEGADON INVESTMENTS, INC.	
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FILED
Aug 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 685 WEST 70 PLACE HIALEAH, FL 33014 US	Mailing Address 685 WEST 70 PLACE HIALEAH, FL 33014 US
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08062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

SILVA, ERIC
 685 WEST 70 PLACE
 HIALEAH, FL 33014

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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 _____

FILE NOW!!! FEE IS \$550.00
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	SILVA, ERIC W
STREET ADDRESS	685 WEST 70 PLACE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	D
NAME	SILVA, ERIC W
STREET ADDRESS	685 WEST 70 PLACE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/11/08-80002-001 550.00

DO NOT WRITE IN THIS SPACE

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:  **08/06/08 305 958 312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #