


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000025790</b> 1. Entity Name <b>MEGADON INVESTMENTS, INC.</b>	
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Principal Place of Business <b>685 WEST 70 PLACE HIALEAH, FL 33014 US</b>	Mailing Address <b>685 WEST 70 PLACE HIALEAH, FL 33014 US</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



08062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0990179</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent

**SILVA, ERIC  
685 WEST 70 PLACE  
HIALEAH, FL 33014**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST SILVA, ERIC W 685 WEST 70 PLACE HIALEAH, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SILVA, ERIC W 685 WEST 70 PLACE HIALEAH, FL 33014</b>
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U000000957448  
08/11/08-80002-001 550.00

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:**  **08/06/08 305 558 3112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #