


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90216 029 ***150.00

DOCUMENT # P00000067956	
1. Entity Name MEGA MEALS, INC.	

Principal Place of Business 1170 HILLSBORO MILE #302 HILLSBORO BEACH FL 33062	Mailing Address 1170 HILLSBORO MILE #302 HILLSBORO BEACH FL 33062
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2. Principal Place of Business 1170 Hillsboro mile Suite, Apt. #, etc. 302	3. Mailing Address 1170 Hillsboro mile Suite, Apt. #, etc. 302
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☐ CHECK HERE IF MAKING CHANGES

City & State Hillsboro Bch FL	City & State Hillsboro Bch FL
Zip 33062	Country Broward


4. FEI Number 65-1028249	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHNUR, STUART 1170 HILLSBORO MILE #302 HILLSBORO BEACH FL 33062	
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7. Name and Address of New Registered Agent	
Name STUART Schnur	
Street Address (P.O. Box Number is Not Acceptable) 1170 Hillsboro Bch	
#302	
City Hillsboro Bch	FL Zip Code 33062

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** 2/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME SCHNUR, STUART
STREET ADDRESS 2501 E. COMMERCIAL BLVD., SUITE 203	CITY-ST-ZIP FORT LAUDERDALE FL 33309
TITLE D <input type="checkbox"/> Delete	NAME SCHNUR, ARTHUR
STREET ADDRESS 2501 E. COMMERCIAL BLVD., SUITE 203	CITY-ST-ZIP FORT LAUDERDALE FL 33309
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STUART Schnur
STREET ADDRESS 1170 Hillsboro mile	CITY-ST-ZIP Hillsboro Bch, FL 33062
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME D Arthur Schnur
STREET ADDRESS 1170 Hillsboro mile	CITY-ST-ZIP Hillsboro Bch FL 33062
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **SIGNATURE REQUIRED** **DATE** 2/14/03 **Daytime Phone #**

CR2E034 (10/02)