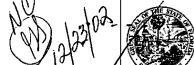
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

P00000092490 **DOCUMENT#** 

1. Entity Name MEGALINX CORP.

SIGNATURE:



## FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91475 024 \*\*\*150.00

		<b>然可以在此事的基本基础的</b>		•	
DO NOT WRITE IN THIS SPACE					
2. Principal Pla 15'3'40	ace of Business SW 154 Terr	3. Mailing Address 15340 SW	154 Terr		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	FL	City & State Miami	FL	4. FEI Number 65-104381	9 Applied For Not Applicable
Zip 33187	Country USA	Zip 33187	Country USA	5. Certificate of Status Desired	\$8.75 Additional
English State	THE RESERVE OF THE PARTY OF THE	The court of the finance who the		7. Name and Address of Current Regi	stered Agent
			Name Rol	land de Gouveia	
	<u>DO_NOT_W</u>	/RITE	The second secon	(P.O. Box Number is Not Acceptable) 340 SW 154 Terr	
	IN THIS SI	THE TOTAL STATE OF THE PARTY OF	15:	340 SW 154 Terr	
	and the second of the second s				
			City	MIAMI	FL 33187
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 orginations of registered agenty.					
SIGNATURE _	KGOUU DIG	7			/ 2003
Signature, type of grinted name-pregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00					
	After May 1: Fee is \$550.00			9. Election Campaign Financin	- <b>40.00</b> may be
Make Check	Amended UBR is \$61.25 Payable to Florida Department of	of State		Trust Fund Contribution.	☐ Added to Fees
10.	OFFICERS ANI	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Marine Marine Marine Commission of the Commissio		N. T.
TITLE	P		TITLE		AND AND APPLICATIONS
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TITLE	<u> Miami, FL 33187</u>		TITLE	the state of the s	the self of the se
NAME			NAME	and the second of the second o	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. Thereby 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 on an attachment with an address, with all other like empowered.					

TED NAME OF SIGNING OFFICER OR DIRECTOR