


**2005 FEE FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 07,
Seci**

DOCUMENT # P00000093740 1. Entity Name MEGA MEALS I INC.	
---	--

Principal Place of Business 11926 NW 54 PL CORAL SPRINGS, FL 33076	Mailing Address 11926 NW 54 PL CORAL SPRINGS, FL 33076
--	--



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1074090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHNUR, RHONDA
 11926 NW 54 PL
 CORAL SPRINGS, FL 33076

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE	D	SCHNUR, RHONDA
NAME		11926 NW 54 PL
STREET ADDRESS		CORAL SPRINGS, FL 33076
CITY-ST-ZIP		

TITLE	D	SCHNUR, ARTHUR
NAME		11926 NW 54 PLACE
STREET ADDRESS		CORAL SPRINGS, FL 33076
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

000000173811
 01/07/05-80032-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Orlando Schnur* Date: 1/5/05 Daytime Phone #: 954-818-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR