

Apr 2
Sec

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000064383		
1. Entity Name MEGA REAL ESTATE SERVICES, INC.		
Principal Place of Business 2755 S FEDERAL HWY. #11 BOYNTON BEACH, FL 33435		Mailing Address 3917 BLACK FOREST CIRCLE BOYNTON BEACH, FL 33436
DO NOT WRITE IN THIS SPACE		



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1120483	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATTILA, GINA
3917 BLACK FOREST CIRCLE
BOYNTON BEACH, FL 33436

**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 reinitializing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MATTILA, GINA
STREET ADDRESS 3917 BLACK FOREST CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

000000335601
04/27/05-80093-004 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05 561-240-0156