


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P01000073198</b> 1. Entity Name <b>MEGA PHARMACEUTICALS INC.</b>					
Principal Place of Business <b>7593 NW 8TH STREET, SUITE 5 MIAMI, FL 33126</b>			Mailing Address <b>7593 NW 8TH STREET, SUITE 5 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>1468 N.W. 78 AVE</b>		3. Mailing Address <b>1468 N.W. 78 AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI FL 33126</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1124813</b>	
Zip <b>33126</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MUNOZ, MARIA 7593 NW 8TH STREET, SUITE 5 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ALVAREZ, CARLOS J 7593 NW 8TH STREET, SUITE 5 MIAMI, FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000041293750</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>09/23/04--01049--012 **\$1.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MUNIZ, MARIA 1851 SW 21ST MIAMI, FL 33135</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D ALEJANDRO VALDES 7593 N.W. 8ST. UNIT #5 MIAMI FL 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: X</b> <i>Ma. Munoz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>09-15-04 305-265-4823</b> Date Daytime Phone #		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09152004 Chg-P CR2E034 (10/03)