


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90205 014 \*\*\*150.00

<b>DOCUMENT # P01000073198</b> 1. Entity Name <b>MEGA PHARMACEUTICALS INC.</b>																																																																																																																										
Principal Place of Business <b>1468 N.W. 78 AVE</b> <b>MIAMI, FL 33126 US</b>			Mailing Address <b>1468 N.W. 78 AVE</b> <b>MIAMI, FL 33126 US</b>																																																																																																																							
2. Principal Place of Business		3. Mailing Address																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State																																																																																																																								
Zip	Country	Zip	Country																																																																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																						
<b>MUNOZ, MARIA</b> <b>7593 NW 8TH STREET, SUITE 5</b> <b>MIAMI, FL 33126</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																						
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)																																																																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																								
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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:</b> _____																																																																																																																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div> <b>2/25/05</b>          Date       </div> <div> <b>(305) 436-8150</b>          Daytime Phone #       </div> </div>																																																																																																																										