

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90031 047 ***150.00

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1. Entity Name
MEGA PHARMACEUTICALS INC.



Principal Place of Business

1468 N.W. 78 AVE
MIAMI, FL 33126 US
DORAL FL 33126

Mailing Address

1468 N.W. 78 AVE
MIAMI, FL 33126 US
DORAL FL 33126

50007378



03162006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-1124813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, MARIA
7593 NW 8TH STREET, SUITE 5
MIAMI, FL 33126

CRUZ RENIER
300 SEVILLA AVE.
STE # 301
CORAL GABLES
FL 33134

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MUNIZ, MARIA
STREET ADDRESS	1851 SW 21ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	PD
NAME	VALDES, ALEJANDRO
STREET ADDRESS	7593 NW 8TH STREET, SUITE 5
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #