

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

5/3/21

05-03-2004 91053 020 \*\*\*150.00

**DOCUMENT # P02000009976**

1. Entry Name  
**MEGA SYSTEM, INC.**



Principal Place of Business  
**6799 SW 15 STREET  
 MIAMI, FL 33144**

Mailing Address  
**6799 SW 15 STREET  
 MIAMI, FL 33144**

**66430549**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0598217**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RINCON, GONZALO  
 6799 SW 15 STREET  
 MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6799 SW 15 St.**

City **Miami** FL Zip Code **33144**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	RINCON, GONZALO	6799 SW 15 STREET	MIAMI, FL 33144	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 info completed.

SIGNATURE: Gonzalo Rincon **4/1/04** **786-486-1997**

Signature: typed or printed name of signing officer or director Date Day/Mo/Yr