## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000088501

Entity Name: MEGAS OF SOUTH FLORIDA, INC.

FILED Mar 05, 2009 Secretary of State

| Current Principal Place of Business:   |                                 | New Principal Place o             | New Principal Place of Business:             |  |
|--|---------------------------------|-----------------------------------|--|--|
| 16051 COLLINS AVENUE<br>SUITE 2603<br>SUNNY ISLES BEACH, FL                        | _ 33160                         |                                   |  |  |
| Current Mailing Address:   |                                 | New Mailing Address               | New Mailing Address:                         |  |
| 16051 COLLINS AVENUE<br>SUITE 2603<br>SUNNY ISLES BEACH, FL                        | _ 33160                         |                                   |  |  |
| FEI Number: 81-0564270   | FEI Number Applied For ( )      | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                                      |                                 | Name and Address of               | Name and Address of New Registered Agent:    |  |
| KINIGOPOULO, EDUARD<br>16051 COLLINS AVENUE<br>SUITE 2603<br>SUNNY ISLES BEACH, FL |                                 |                                   |  |  |
| The above named entity รเ<br>in the State of Florida.                              | ubmits this statement for the p | urpose of changing its registered | office or registered agent, or both,         |  |
| SIGNATURE:   |                                 |                                   |  |  |
| Electronic Signature of Registered Agent   |                                 | ent                               | Date   |  |
| Election Campaign Financing  | Trust Fund Contribution ( ).    |                                   |  |  |
| OFFICERS AND DIRECTORS:  |                                 | ADDITIONS/CHANGE                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: P ()[ Name: KINIGOPOULO, I  | Delete<br>EDUARD                | Title:<br>Name:                   | ( ) Change ( ) Addition                      |  |

| Name: KINIGOPOULO, EDUARD | Name: | Address: | 16051COLLINS AVENUE SUITE 2603 | Address: | City-St-Zip: | SUNNY ISLES BEACH, FL 33160 | City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARD KINIGOPOULO PRES 03/05/2009