## **2003 FOR PROFIT CORPORATION**

UN	IFOR	M BUSINI	ESS	REPOR	T ((	<b>JBR</b>	)		Feb 03, 200		
DOCU 1. Entity Nam MEGA RA		5839				Secretary of State 02-03-2003 90026 021 ***158.75					
Principal Place of Business 22521 SW 66 AVE #108 BOCA RATON FL 33428				Mailing Address <del>22521-GW-66-AVE #108</del> <del>BOCA RATON FL 33420*</del>							
2. Principal F	3. Ma	iling Address		we :- ] ] ] ]				1981 (1881) AND 18180			
1522 E. Commercial blvd Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAK	(ING CHANGES	
Oakland Park FL				Oaklandpask FL				4.و	EELNumber 82-0570135	——————————————————————————————————————	pplied For ot Applicable
	3334 Broward			334	Coun	Ountry			Certificate of Status Desired	\$8.75 Ad	
<u>, , , , , , , , , , , , , , , , , , , </u>	Register		(3,40	7. Name and Address of New Registered Agent							
	<u> </u>	· ·	rrogiotoi	ou Agont		Name	0.0		0 5		
SASKA, NORBERT						Street Address (BO, Rey Number in Net Assentable)					
<del>22521 SW</del>					<u>ZZ</u>	E	E COMMERCIAL	BLVD	·		
BOCA RA	<del>TON FL 33</del>	<del>428</del>									
				•		City			n plar	FL Zip Cod	e a cl
3. The above	named entit	tv submits this statement for	or the pure	oose of changing its	register	ed office or	register	ed ao	PARK gent, or both, in the State of Florida. I		33 T and accept
	tions of regis		$\mathcal{L}$								
SIGNATURE .		_ /	" IK		LA	52	60		PINTER OF	-30-0	75_
SIGIOTIC .	Signature, typed	d or printed name of registered agent	and title if ap	plicable. (NOT	: Røgistere	d Agent signat	ure required	when re	einstating) DA	ATE	
, F	ILE NOW!	!! FEE IS \$150.00							S. Election Campaign Financing		10
		03 Fee will be \$550.00 o Florida Department o	e Ctata						Trust Fund Contribution.		00 May Be
		1	11.			DITIONO (OLLANOSO TO OSSIGEDO	AND DIDECTOR	20044			
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-03 964-351-7487
Date Dayline Phone #