2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # P0300008361 1. Entity Name MEGA DELI'S INC.					05-04-2006 9	90214 041 ***150	0.00	
Principal Place of Business Mailing Address			•		•			
14605 BALM BOYETTE RD. RIVERVIEW, FL 33569		14605 BALM BOYETTE RD. RIVERVIEW, FL 33569		I IBBIITALI	II Feire IIIN er iik ee ik e	IZII BEIII BOIRI IBIDO IIIIO DIIUK	MAISTI H ILTI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Numb 45-050		⊢	Applied For lot Applicable	
Zip	Coentry	Zip	Country		of Status Desired	See Requir		
	6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New I	Registered Agent		
MEADOWS, DOROTHY			Name	Name				
14605 BALM BOYETT RD. RIVERVIEW, FL 33569			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	,							
•			City		FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registered office or r	registered agent, or b	oth, in the State of F	lorida. I am familiar with	n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE Registered Agent signatur	e required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu								
				\$5.00 May Be Added to Fees				
		.00 Trust Fund Con		Added to Fees	/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
After Ma	ay 1, 2006 Fee will be \$550. OFFICERS AND D	.00 Trust Fund Con	11.	Added to Fees	/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
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indicated on this report or supplied with risk tiling does not quality 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 813-628-8292

Daytime Ptions #