

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT #	P03000040215
1. Entity Name	
MEGAIMEX INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4243 NW 107 AVE UNIT 125			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33178	US		

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
11-3683966		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
A AND J ADVISORY SERVICE INC
Street Address (P.O. Box Number is Not Acceptable)
2620 BUTTONWOOD AVE

City **FL** Zip Code
MIRAMAR 33025

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  Julian E Ferrer 4/2/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	PRESIDENT, TREASURER JOSE L VIVAS 4243 NW 107TH AVE MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SECRETARY MARGARITA ARANGO 4243 NW 107TH AVE MIAMI, FL 33178
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04/07/04-80009-024 150.00

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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  President Jose L Vivas 4/2/2004 (305) 266-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #