



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90083 029 ***158.75

DOCUMENT # P03000046199					
1. Entity Name MEGAMAR MARKETING CORP					
Principal Place of Business 11420 NORTH KENDALL DRIVE 110 MIAMI, FL 33176			Mailing Address 11420 NORTH KENDALL DRIVE 110 MIAMI, FL 33176		
2. Principal Place of Business <i>7324 SW 48th St.</i>		3. Mailing Address <i>7324 SW 48th St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082005 Chg-P CR2E034 (10/03)	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>		4. FEI Number 20-0032973	
Zip <i>33155</i>		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent BUSTILLO, MARTHA P 14481 SW 52 STREET MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: <i>Same</i> Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSTILLO, MARTHA P 14481 SW 52 STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENEDICTO, OLGA A 10861 SW 93 STREET MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T VENEDICTO, JOSE M 10861 SW 93 STREET MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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 Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: <i>4/11/05</i> Daytime Phone #: <i>305 661-6511</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>MARTHA BUSTILLO, PRES</i>					