

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90096 036 \*\*\*150.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000026805</b>                  |  |
| 1. Entity Name<br><b>MEGA PARTY EVENTS INC.</b> |                                                                                   |

|                                                                             |                                                               |
|-----------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>13116 SW 128TH ST<br/>MIAMI, FL 33186</b> | Mailing Address<br><b>P.O. BOX 651351<br/>MIAMI, FL 33265</b> |
|-----------------------------------------------------------------------------|---------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

|                         |                         |         |         |
|-------------------------|-------------------------|---------|---------|
| City & State<br><br>Zip | City & State<br><br>Zip | Country | Country |
|-------------------------|-------------------------|---------|---------|

**40073315**



03222007 Chg-P CR2E034 (12/06)

|                                                                                                                                             |  |                                                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>JOSE LORENZO</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>9745 SW 72ST #220</b><br>City <b>MIAMI</b> FL Zip Code <b>33173</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 *Jose Lorenzo* DATE **4-11-07**

(NOTE: Registered Agent signature required when reappointing)

|                                                                               |                                                                                                                          |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                 |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>AGUILERA, ARMANDO<br/>3405 SW 107TH CT<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VICE PRESIDENT<br/>ARMANDO AGUILERA<br/>11894 SW 102 ST<br/>MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>DE LA ROSA, ADRIAN<br/>11242 SW 24 TERR<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT<br/>ADRIAN DE LA ROSA<br/>PO BOX 651351<br/>MIAMI, FL 33265</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TRE<br/>DE LA ROSA, JORGE A<br/>11242 SW 24 TERR<br/>MIAMI, FL 33165</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |

12. I hereby certify that the information supplied with this filing does not qualify 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: *ADRIAN DE LA ROSA* **4-11-07 305971-8494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #