

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000028143

1. Entity Name  
MEGA VOIP INC



Principal Place of Business  
12274 SW 10 TERRACE  
MIAMI, FL 33184 US

Mailing Address  
12274 SW 10 TERRACE  
MIAMI, FL 33184 US

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



09012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4640639

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARANGO, MYRIAM  
12274 SW 10 TERRACE  
MIAMI, FL FL

**DO NOT WRITE  
IN THIS SPACE**

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 Myriam Arango MYRIAM ARANGO PD- 09/03/08  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ARANGO, MYRIAM  
STREET ADDRESS 12274 SW 10 TERRACE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000959535  
09/11/08-80004-023 150.00

U000000959535  
09/11/08-80004-024 8.75

**DO NOT WRITE  
IN THIS SPACE**

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: Myriam Arango MYRIAM ARANGO 09/03/08 786-3069928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #