

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 20, 2008 8:00 am
Secretary of State

05-21-2008 90025 005 ***150.00

DOCUMENT # P07000019274 1. Entity Name MEGALA ENTERPRISES, INC.					
Principal Place of Business 9227 CHELSEA DRIVE N PLANTATION, FL 33324			Mailing Address 9227 CHELSEA DRIVE N PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03072008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-8481870				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, MEGAN 9227 CHELSEA DRIVE N PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ 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 <u>Megan Jones</u> Signature typed or printed name of registered agent and fee if applicable			DATE <u>4/28/08</u> (NOTE: Registered Agent's signature required when reinstating)		
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D JONES, MEGAN 9227 CHELSEA DRIVE N PLANTATION, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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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: <u>Megan Jones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4/29/08</u> 954-296-5842 Date		

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