2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2009
Secretary of State

DOCUMENT# P07000126915

Entity Name: MEGALASTRA USA CORP

Current Principal Place of Business:

1842 SW 8 ST
MIAMI, FL 33135

New Principal Place of Business:

11247 NW FLAGLER LN
MIAMI, FL 33172

Current Mailing Address:

1842 SW 8 ST
MIAMI, FL 33135

New Mailing Address:

11247 NW FLAGLER LN
MIAMI, FL 33172

FEI Number: 26-1481963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YEPES, DELAYID
1339 W 49 PL
204
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LASTRA, LUIS F
Address: 1067 SW 8 ST
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete
Name: ISAZA, JUAN F
Address: 1842 SW 8 ST
City-St-Zip: MIAMI, FL 33135

Title: VP ( ) Delete
Name: OSORIO, MONICA A
Address: 1842 SW 8 ST
City-St-Zip: MIAMI, FL 33135

Title: S (X) Delete
Name: YEPES, DELAYID
Address: 1339 W 49 PLACE 204
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: LASTRA, LUIS F
Address: 1067 SW 8 ST
City-St-Zip: MIAMI, FL 33130

Title: P (X) Change ( ) Addition
Name: ISAZA, JUAN F
Address: 11247 NW FLAGLER LN
City-St-Zip: MIAMI, FL 33172

Title: S (X) Change ( ) Addition
Name: OSORIO, MONICA A
Address: 11247 NW FLAGLER LN
City-St-Zip: MIAMI, FL 33172

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN F ISAZA P 05/17/2009

Electronic Signature of Signing Officer or Director Date