

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000081453

1. Entity Name
MEGATECH TESTING SERVICES, INC.



Principal Place of Business
1680 NW 96 AVE
MIAMI, FL

Mailing Address
1680 NW 96 AVE
MIAMI, FL

FILED
Mar 08, 2007 08:00 AM
Secretary of State



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2332736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ACOSTA, AMADO J
1680 N.W. 96 AVE.
MIAMI, FL 33172

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000659505
03/16/07-80025-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACOSTA, AMADO J
STREET ADDRESS	1680 NW 96 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	ACOSTA, MICHAEL B
STREET ADDRESS	1680 NW 96 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	ACOSTA, RICHARD A
STREET ADDRESS	1680 NW 96 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	CARVAJAL, PEDRO J
STREET ADDRESS	1680 NW 96 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Amado J. Acosta AMADO J. ACOSTA 3/6/07 477-1707 ext 1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #