

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 038 ***150.00

DOCUMENT # P93000082131

1. Entity Name
MEGATRANS INTERNATIONAL, INC.



Principal Place of Business
**5505 JOHNS RD
STE 710
TAMPA, FL 33624 US**

Mailing Address
**PO BOX 15888
TAMPA, FL 33634 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number

65-0451496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOVAN, WILLIAM J
5436 LAKE LE CLARE RD.
LUTZ, FL 33558**

Name

BRUCE ARRICK

Street Address (P.O. Box Number is Not Acceptable)

9130 S. DADELAND BLVD, SUITE 1500

City

MIAMI

FL

Zip Code

33156

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 of William J. Donovan]
Director

[Signature of William J. Donovan]
William J. DONOVAN

1/10/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
DONOVAN, WILLIAM J
5436 LAKE LE CLARE RD.
LUTZ, FL 33558** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BRUCE ARRICK
9130 S. DADELAND BLVD
Suite 1500, MIAMI, FL 33156** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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:

[Signature of William J. Donovan]
Director

1/10/05
Date

913 376 9416
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. DONOVAN