2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

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NAME

Mar 21, 2007 8:00 am **Secretary of State** DOCUMENT # P94000010433 1. Entity Name 03-21-2007 90041 015 ***158.75 MEGAMICRO SOFTWARE CORPORATION Principal Place of Business Mailing Address 12250 SW 132 COURT #111 12250 SW 132 COURT #111 **MIAMI FL 33186 MIAMI FL 33186** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0467538 Not Applicable Country 7ip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAŻQUEZ, MAGDA C Street Address (P.O. Box Number is Not Acceptable) 12250 SW 132 COURT #111 MIAMI FL 33186 City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature roduired when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. resident THEE Addition ☐ Delete VAZQUEZ, MAGDA C NAME NAME. 9105 SW 168TH CT STREET ADDRESS. STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CHY-SI-ZIP **Change** ☐ Delete MILE Addition VAZQUEZ, GERARDO M NAME NAMI 9105 SW 168TH CT STREET ADDRESS STREET ADORESS **MIAMI FL 33196** CITY - ST - ZIP DHE ☐ Delete Change me ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - S1-ZIP CITY - ST- ZIP MILE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - SI-ZIP DHE ☐ Delete THE ☐ Change ■ Addition NAME NARAE STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

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Varguy Vicepresident 3/10/07 305-969-SIGNATURE;