

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062450

1. Entity Name  
MEG ENTERPRISES, INC.



Principal Place of Business  
11951 WEST OCKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016

Mailing Address  
6995 NW 82 AVE  
BAY 41  
MIAMI, FL 33166 US



09132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0605209

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, JOSLYN  
6995 NW 82 AVE  
BAY 41  
MIAMI, FL 33166

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 Joslyn Martinez

(NOTE: Registered Agent signature required when reinstating)

09/13/06  
DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 15, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

400080007924  
09/20/06--01063--007 \*\*\$550.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARTINEZ, JOSLYN  
STREET ADDRESS 6995 NW 82 AVE, BAY 41  
CITY-ST-ZIP MIAMI, FL 33166

TITLE VP  
NAME AGUILA, JUANA  
STREET ADDRESS 2797 W 70 STREET  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400080007924  
09/20/06--01063--008 \*\*\$8.75

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: Joslyn Martinez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/06  
Date Daytime Phone #

209/19