2007 FOR PROFIT CORPORATION

9TH FLOOR

MIAMI, FL 33131

ANNUAL REPORT DOCUMENT # P99000082679 1. Entity Name MEGATRANZ TRANSPORTS, INC. Mailing Address Principal Place of Business 1221 BRICKELL AVENUE 1221 BRICKELL AVENUE

9TH FLOOR

MIAMI, FL 33131

FILED Apr 16, 2007 08:00 AN Secretary of State





				04112007 No Chg-P CR2E034 (11/05)				
D	O NOT WRITE II	CE	4. FEI Number 65-0950624			Applied For Not Applicable		
			and the second s				\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent					(1) 数线键: (1)	
ZUPPARDO, HENRIQUE 1221 BRICKELL AVENUE 9TH FLOOR MIAMI, FL 33131			्रेड में उस्ते हैं। इस्ते के स्टब्स् इस्ते के स्टब्स्		NOT WI			
the obligat	named entity submits this statement for the plant of registered agent.	ourpose of changing its register	I ed office or registe	ered agent, or bo	th, in the State of Flor	da. I am lam	iliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			ed Agent signature required when reinstating)		DATE			
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing \$5	5.00 May Be ded to Fees				
10.	OFFICERS AND DIREC	CTORS		* ^	, , , , , , , , , , , , , , , , , , ,	1.	100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD ZUPPARDO, HENRIQUE 781 CRANDON BLVD #205 KEY BISCAYNE, FL 33149				U0000 04/24/07	0706993 -80057	006 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			# · [*	IN	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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 sustee 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP