2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address

ill other like em

Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # V31453 1. Entity Name MEGA HOLDING CORP. Principal Place of Business - Mailing Address 2400 W 84TH STREET 2400 W 84TH STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0331153 Not Applicat Zìo Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRENO, YOLONDA M 12260 SW 8TH ST., STE 118 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184 Zip Code City 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 acceptable the obligations of registered agent. Signature, typed or printed name of registered agent and one if applicable (NOTE: Repisiered Agent signature returned when templating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May £. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE PSD Delete TITLE J Addin MAN NAME FUGAZZA, GIACOMO STREET ADDRESS STREET ADDRESS 2400 W 84TH STREET STE #17 U00000484080 CSTY-ST-ZIP HIALEAH FL 33016 EITY-ST-ZIP . 114712706_8005**2**-010_1**58. 2**5 Delete Change Addition NAME DEL LUPO, IDA NAME STREET ADDRESS 2400 W 84TH STREET STE #17 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HIALEAH FL 33016 Change Addition 7/72.5 De'∵e NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIF City-St-28 Delete ☐ Change TITLE THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZIP TITCE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Addition TITLE Delete Change THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Fforida Statutes. I further certify that the Information indicated on this report or supplemental report is fue 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, Fforida 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 an adversed.

FILED