2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V41269

1. Entity Name
MEGA CAP CORPORATION

Principal Place of Business	Mailing Address
7416 B SW 48 STREET	7416 B SW 48 STREET
MIAMI, FL 33155 US	MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0337887	Not Applicable

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

6. Name and Address of Current Registered Agent

CAHLIN, RICHARD
LEVI, CAHLIN & COMPANY
20590 WEST DIXIE HIGHWAY
N. MIAMI BEACH, FL 33180

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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 required when reinstating)   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

TITLE	CEOS
NAME	SOLOW, JONATHAN
STREET ADDRESS	7416 B SW 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	PD
NAME	REITER, JERRY L
STREET ADDRESS	4410 N. RANCHO DR., SUITE 800
CITY-ST-ZIP	LAS VEGAS, NV 89130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   04/11/05   305-669-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #