

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G69294

Entity Name: MEGATRAN, INC.**Current Principal Place of Business:**11888 SW 72 TER
MIAMI, FL 33183**Current Mailing Address:**11888 SW 72 TER
MIAMI, FL 33183 US**FEI Number:** 59-2332736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACOSTA, MICHAEL B.
11888 SW 72 TER
MIAMI, FL 33183 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DCCC
Name	ACOSTA, AMADO J
Address	11888 SW 72 TER
City-State-Zip:	MIAMI FL 33183

Title	DVT
Name	ACOSTA, NILDA L.
Address	11888 SW 72 TER
City-State-Zip:	MIAMI FL 33183

Title	DP
Name	ACOSTA, MICHAEL B.
Address	11888 SW 72 TER
City-State-Zip:	MIAMI FL 33183

Title	DS
Name	CARVAJAL, PEDRO J.
Address	11888 SW 72 TER
City-State-Zip:	MIAMI FL 33183

Title	DAS
Name	ACOSTA, RICHARD A
Address	11888 SW 72 TER
City-State-Zip:	MIAMI FL 33183

Title	DIRECTOR
Name	GARCIA, SALVADOR P.E.
Address	11888 SW 72 TER
City-State-Zip:	MIAMI FL 33183

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL B. ACOSTA**PRESIDENT****05/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date