

**2018 FLORIDA PROFIT CORPORATION 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****01/17/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date