

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2006 8:00 am
Secretary of State

04-17-2006 90361 037 ***150.00

DOCUMENT # P02000041812

1. Entity Name
PEGASUS INTERNATIONAL CUSTOM BROKERS, INC.



Principal Place of Business 7204 NW 25TH ST MIAMI, FL 33122	Mailing Address 7204 NW 25TH ST MIAMI, FL 33122
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66017145



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-0008640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
 92 SADBERRY ROAD
 QUINCY, FL 32351-0000

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP MIMBELA, CESAR 7204 NW 25TH ST. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACEVEDO, EDWIN 7204 NW 25TH ST. MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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:  DATE: May/15/06

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