

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 038 \*\*\*150.00

**DOCUMENT # P02000047572**

1. Entity Name  
**PEGASUS PRESCHOOL LEARNING CENTER, INC.**



Principal Place of Business  
**2817 ST. MARKS DRIVE  
DUNEDIN, FL 34698**

Mailing Address  
**2817 ST. MARKS DRIVE  
DUNEDIN, FL 34698**

**54067112**



07302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **01-0709155** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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 \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **AVRAM, ANASTASIA**  
STREET ADDRESS **2817 ST. MARKS DRIVE**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **D**  
NAME **AVRAM, DEAN**  
STREET ADDRESS **2817 ST. MARKS DRIVE**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Dean Avram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*D. Avram*

Date

Daytime Phone #

Attachment  
54067112

August 2, 2004

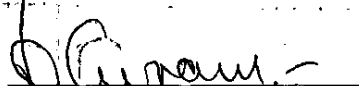
Florida Division of Corporation  
P.O. Box 6198  
Tallahassee, FL 32314

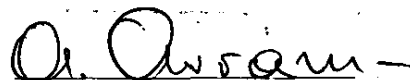
Re: Document #P02000047572  
Pegasus Preschool Learning Center, Inc.

Please be advised that I want to change the agent's address and have my mail sent to the mailing address of 2817 St. Marks Drive, Dunedin, FL 34698.

Also, I was never advised that an amount was due and request that I send a check in the amount of \$150 in order to keep the business operating and not have to do a dissolution of my corporation Pegasus Preschool.

Sincerely,

  
Dean Avram

  
Anastasia Avram