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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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| DOCUMENT # P95000004909 | |  | |
| 1. Entity Name PEGASUS ENTERPRISES OF SOUTH FLORIDA INC. | | | |
| Principal Place of Business 945 5TH ST MIAMI BEACH, FL 33139 US | | Mailing Address 945 5TH ST MIAMI BEACH, FL 33139 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0558506 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KOUTSO DENDRIS, DIMITRIOS 4146 SW 190 AVENUE MIRAMAR, FL 33029 | | 7. Name and Address of New Registered Agent Name Alexandra Papageorgiou Street Address (P.O. Box Number is Not Accepted) 4146 SW 190 Ave City MIRAMAR FL Zip Code 33029 | |
| 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, the registered agent. SIGNATURE Papageorgiou Alexandra DATE 4/7/03 | | | |
| <p><small>FILE NOW WITH FEE OF \$150.00 AT THE MAIN OFFICE OF THE SECRETARY OF STATE 600 N. GULF BLVD., SUITE 1000, MIAMI, FL 33139 MAILING LIST AVAILABLE FROM THE FLORIDA DEPARTMENT OF STATE</small></p> | | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee</p> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCVS PAPAGEORGIU, ALEXANDRA 4146 SW 190 AVENUE MIRAMAR, FL 33029 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PAPAGEORGIU, ALEXANDRA 4146 SW 190 AVENUE MIRAMAR, FL 33029 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 its address, with all other like empowers. | | | |
| SIGNATURE: Papageorgiou Alexandra | | DATE: 3/24/03 | |

CR2003A (10/02)