

**ANNUAL REPORT****DOCUMENT # K21402**1. Entity Name  
**PEGASO, CORP.**

Principal Place of Business

**180 ISLAND DR.  
KEY BISCAYNE, FL 33149**

Mailing Address

**180 ISLAND DR.  
KEY BISCAYNE, FL 33149****DO NOT WRITE IN THIS SPACE****FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90356 036 \*\*\*150.00



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0072885**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****MARTINEZ, CELEIRO, FRANCISCO  
180 ISLAND DR.  
KEY BISCAYNE, FL 33149****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 \$150.00  
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****10. OFFICERS AND DIRECTORS****TITLE DVS  
NAME MIYASHIKI, EVA  
STREET ADDRESS 180 ISLAND DR.  
CITY-ST-ZIP KEY BISCAYNE, FL 33149****TITLE DP  
NAME MARTINEZ-CELEIRO, FRANCISCO  
STREET ADDRESS 180 ISLAND DR.  
CITY-ST-ZIP KEY BISCAYNE, FL 33149****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP****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:****FRANCISCO MARTINEZ CELEIRO****04/15/2005****(305) 576-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR