

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 438112**

1. Entity Name  
**PESCAYO, INC.**



Principal Place of Business  
**1207 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**

Mailing Address  
**1207 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1495842** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**ALVAREZ, ARAMIS  
1207 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ALVAREZ, ARAMIS  
1207 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CANDELA, HILARIO F  
11010 S.W. 53 AVE.  
MIAMI, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ALVAREZ, MYRIAM F.  
1207 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BERMUDEZ, JUAN J  
2333 BRICKELL AVE APT 2801  
MIAMI, FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000160570  
05/17/04-80004-019 150.00

**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: **ARAMIS ALVAREZ - PRESIDENT - (305) 562021**