

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90186 018 ***150.00

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

50036283



03232005 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 \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aramis Alvarez - PRESIDENT - 4-06-05 (305) 562-0214