

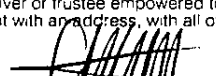


FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # K21402 1. Entity Name PEGASO, CORP.				Apr 21, 2008 08:00 Secretary of State	
Principal Place of Business 180 ISLAND DR. KEY BISCAVNE, FL 33149		Mailing Address 180 ISLAND DR. KEY BISCAVNE, FL 33149			
DO NOT WRITE IN THIS SPACE					
				04112008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 65-0072885	
				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINEZ-MIYASHIKI, FRANCISCO M 555 NE 15TH SRTEET SUITE # 934 MIAMI, FL 33132				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVS MIYASHIKI, EVA 180 ISLAND DR. KEY BISCAVNE, FL 33149			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DR. KEY BISCAVNE, FL 33149			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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-C 4/16/08 (305) 571-5050			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			