


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M59654**  
 1. Entity Name  
 P.E.C.O. ENTERPRISES INC.



Principal Place of Business      Mailing Address  
 2400 W 84 STREET      P.O. BOX 820265  
 STE 12      SOUTH FLORIDA, FL 33082-0265 US  
 HIALEAH, FL 33016      US

**DO NOT WRITE IN THIS SPACE**



02112005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0012322      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HERMIDA, MERCEDES  
 2400 W 84 STREET  
 STE 12  
 HIALEAH, FL 33016

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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 \_\_\_\_\_ (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	PS
NAME	HERMIDA, MERCEDES
STREET ADDRESS	2400 W 84 ST STE 12
CITY - ST - ZIP	HIALEAH, FL 33016
TITLE	VPT
NAME	HERMIDA, CARLOS L.
STREET ADDRESS	2400 W 84 ST STE 12
CITY - ST - ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000233935  
 02717/05-80062-021 158.75

**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)(f), 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: Mercedes Hermida      2/11/05      (305)827-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #