


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 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



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	PS HERMIDA, MERCEDES 2400 W 84 ST STE 12 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HERMIDA, CARLOS L. 2400 W 84 ST STE 12 HIALEAH, FL 33016
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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: Mercedes Hermida 2/17/06 (305) 827-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MERCEDES HERMIDA