## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2008 08:00 Al Secretary of State

ANNUAL REPORT					
DOCUMENT # M59654  1. Entity Name P.E.C.O. ENTERPRISES INC.					
Principal Place of Business 2400 W 84 STREET STE 12 HIALEAH, FL 33016 US	Mailing Address P.O. BOX 820265 SOUTH FLORIDA, FL 33082-0265 US				
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2400 W 84 S Ste 12 Hialeah, Fl		P.O. BOX 820265 SOUTH FLORIDA, FL 33082-0265 US		 	1/ 1/1/ 1/1/ 1/1/ 1/1/ 1/1/ 1/1/ 1/1/
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	JO NOI WKIIE	IN I IIIO OFA		4. FEI Number 65-0012322	Applied For Not Applicable
Contract of the	and the second process of the second	$(\mathbf{q}_{i}, \mathbf{q}_{i}, q$		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	3 . Take 14	Market Market (1986)	e kan san Tirka
HERMIDA 2400 W 84 STE 12 HIALEAH,				DO NOT W	PACE MENT
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_					
1	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registere	ed Agent signature required	when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.	· _ ••	00 May Be ed to Fees	
10.	OFFICERS AND DIF	RECTORS	<b>1</b>		1
TITLE NAME SYREET ADDRESS CITY-ST-ZIP	PS HERMIDA, MERCEDES 2400 W 84 ST STE 12 HIALEAH, FL 33016			nte si erantsi gjabe Rusegjarit Nejetiga <b>U00000</b>	6. 44 (4. 14. 44.) 1800485
TITLE -NAME STREET ADDRESS CITY-ST-ZIP	VPT HERMIDA, CARLOS L. 2400 W 84 ST STE 12 HIALEAH, FL 33016				-80019-010-158.75
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TITLE NAME STREET ADDRESS CITY-ST-7IP			e de la composition della comp	in Chapter 119 Florida Statutes I	i kraki un tem kenda kala Kraki un tem kenda kala

Thereby certify that the information supplied with this filling 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 cath; 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

1/23/08

(305)827-0660