

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # M61344

1. Entity Name
PEGASUS TRANSPORT, INC.



Principal Place of Business

**5441 SW 147 PL
MIAMI, FL 33185**

Mailing Address

**5441 SW 147 PL
MIAMI, FL 33185**

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0010031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOLL, SANTIAGO
5441 S.W. 147TH PLACE
MIAMI, FL 33185**

**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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVILA, MOISES WOLL
STREET ADDRESS	AVENIDA SAENE PENA, 177 8TH FLOOR
CITY - ST - ZIP	CALLAO, PERU,
TITLE	SD
NAME	MULLER, KURT WOLL
STREET ADDRESS	AVENIDA SAENE PENA, 177 8TH FLOOR
CITY - ST - ZIP	CALLAO, PERU,
TITLE	TD
NAME	TORRES, MOISES WOLL
STREET ADDRESS	AVENIDA SAENE PENA, 177 8TH FLOOR
CITY - ST - ZIP	CALLAO, PERU,
TITLE	D
NAME	WOLL, SANTIAGO
STREET ADDRESS	5441 S.W. 147TH PLACE
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/20/05-80001-022 150.00

**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 #

Santiago Woll 4.18.05 305-227-1668