


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90008 027 ***150.00

DOCUMENT # M86209
 1. Entity Name
PEGASUS POLO FARMS, INC.



94003574

Principal Place of Business: **190 COMMODORE DR APT #140 JUPITER, FL 33477 US**
 Mailing Address: **667 MADISON AVE C/O GRUSS AND COMPANY NEW YORK, NY 10021**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number: **52-1576326**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRUSS, MARTIN D.	
STREET ADDRESS	667 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	GUBERMAN, HOWARD R.	
STREET ADDRESS	667 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	FALLON, ANDREA	
STREET ADDRESS	667 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Howard Guberman* **HOWARD GUBERMAN** Date: **212-688-1500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #