2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000095931

1. Entity Name
PEGO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1200 PALM AVENUE	126 HIALEAH DRIVE
HIALEAH, FL 33010	HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

02152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1046346	Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, ARNALDO
126 HIALEAH DRIVE
HIALEAH, FL 33010

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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_____

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000639394 02/28/07-80024-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, ARNALDO
STREET ADDRESS	461 WEST 64TH STREET
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	D
NAME	PENA, SILVIA
STREET ADDRESS	17511 NW 88TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33018

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: X_____   2-15-07 786 4029171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #