2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049105

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32869

8594 TANSY DRIVE

(X) Delete

MNAYARJI, MELISSA M MS

ORLANDO, FL 32819 US

FILED Apr 07, 2008 Secretary of State

Entity Nai	me: PEGA	SUS GLOBAL BUSINESS	SERVICES, INC	O.			
Current Principal Place of Business:				New Principal Place of Business:			
STE 369	VA SPRINC OD, FL 32				ACO COVE CIR), FL 32825		
Current Mailing Address:				New Mailing Address:			
PO BOX 6 ORLANDO	92225), FL 3286	Э			ACO COVE CIR 9, FL 32825		
FEI Number:	: 03-7381020	FEI Number Applied Fo	r() FEI Nui	mber Not Appl	icable () C	ertificate of Status	s Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2620 MON ORLANDO	II, GABRIEL IACO COVI), FL 3282	E 5 US	5 Al-	. 		i-hd	
	named en of Florida	ity submits this statement t	for the purpose o	of changing i	ts registered offic	ce or registered	agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Finar	cing Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	8594 TANS	() Delete MNAYARJI G JR Y DRIVE FL 32819 US		Title: Name: Address: City-St-Zip:	P (X) C GABRIEL, MNAYA 2620 MONACO CO ORLANDO, FL 32	OVE CIR	
Title: Name: Address: City-St-Zip:	2620 MON	(X) Delete GABRIEL MR ACO COVE FL 32825 US		Title: Name: Address: City-St-Zip:	() Cl	hange () Addition	
Title: Name: Address:	VP KASOMELI PO BOX 69	(X) Delete KE, SILVIA MS 1225		Title: Name: Address:	() Cl	hange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GABRIEL MNAYARJI Ρ 04/07/2008

() Change () Addition