


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000083579	
1. Entity Name PEGASUS, INC.	

Principal Place of Business PO BOX 20688 WEST PALM BEACH, FL 33416-0688	Mailing Address PO BOX 20688 WEST PALM BEACH, FL 33416-0688
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05192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0799838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DINKIN, MITCHELL A PA 1 SE 4TH AVENUE STE 212 DELRAY BEACH, FL 33483
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**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 *Mitchell A. Dinkin PA* DATE *6-01-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, E. PO BOX 20688 WEST PALM BEACH, FL 334160688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, P PO BOX 20688 WEST PALM BEACH, FL 334160688
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06/20/05-80002-012 150.00

**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 1.19.07(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: *E. Garcia Director - E. Garcia*
P. Garcia V. President - P. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-05
5-30-05

Date Daytime Phone #