
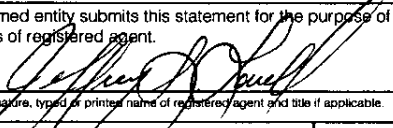
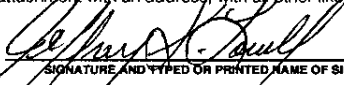


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 011 ***150.00

DOCUMENT # P99000101477					
1. Entity Name PEGASUS YACHT CHARTERS, INC.					
Principal Place of Business 17455 SW 157TH AVE. MIAMI, FL 33187			Mailing Address 17455 SW 157TH AVE. MIAMI, FL 33187		
2. Principal Place of Business 13051 MAR STREET Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State CORAL GABLES FL		City & State		4. FEI Number 52-2203220	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVELL, JEFFREY S 17455 SW 157TH AVENUE MIAMI, FL 33187			7. Name and Address of New Registered Agent Name JEFFREY S. LOVELL Street Address (P.O. Box Number is Not Acceptable) 13051 MAR ST. City CORAL GABLES FL Zip Code 33156		
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:  JEFFREY S. LOVELL DATE 3/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOVELL, JEFFREY S 17455 SW 157TH AVE. MIAMI, FL 33187	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  JEFFREY S. LOVELL DATE 3/26/04 DAYTIME PHONE # 305-667-2797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					