


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # V65307 1. Entity Name FERGO ENTERPRISES CORP.	
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Principal Place of Business 2535 N.W. NORTH RIVER DRIVE MIAMI, FL 33125	Mailing Address 9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-4649
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0359074	Applied For 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 GOMEZ, FELIPA N. 2535 NW NORTH RIVER DR. MIAMI, FL 33125

**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 _____ DATE _____
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
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOMEZ, FELIPA N. 2535 NW NORTH RIVER DR. MIAMI, FL 33125
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 another like empowered.

SIGNATURE: *Felipa D. Gomez* **Felipa D. Gomez** *2/10/2004* **2/10/2004** *954-564-3265* **954-564-3265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #