
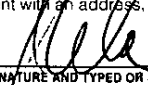


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90049 005 \*\*\*\*70.00

<b>DOCUMENT # 743650</b>					
1. Entity Name SER-JOBS FOR PROGRESS, INC.					
Principal Place of Business 5600 NW 36 STREET #561 MIAMI, FL 33166			Mailing Address P.O. BOX 661597 MIAMI, FL 33266-1597		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number -59-1849595- Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CELA, JOSE L 5600 NW 36 STREET #561 MIAMI, FL 33166			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERRELONGE, RICHARD	NAME			
STREET ADDRESS	16800 SW 82 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEDERICO, COSTALES	NAME			
STREET ADDRESS	665 NORTH SHORE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARRILO, GILBERT	NAME			
STREET ADDRESS	2651 SW 109 AVE	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 333281004	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERUVIDES, MARCELO	NAME			
STREET ADDRESS	15280 NW 79TH CT #108	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POTTS, BARBARA	NAME			
STREET ADDRESS	18301 BISCAYNE BLVD	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, GALE	NAME			
STREET ADDRESS	110 SE 6TH ST #2800	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP			
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 617, 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.					
<b>SIGNATURE:</b> 		2/19/4		305-971-2820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



**Division of Corporations**

*Attachment*  
*24015626*

**2004 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.**

This information cannot be changed on the report.	
Document Number	743650
Business Entity Name	SER-JOBS FOR PROGRESS, INC.
Original File Date	07/20/1978

FEI Number 59-1849595  
Principal Address 5600 NW 36 STREET  
#561  
MIAMI, FL 33166  
Mailing Address P.O. BOX 661597  
MIAMI, FL 332661597  
Registered Agent JOSE L CELA  
5600 NW 36 STREET #561  
MIAMI, FL 33166

**Officer/Director Name And Address**

CD  
RICHARD TERRELONGE  
16800 SW 82 AVE  
MIAMI, FL 33157

MGRM  
COSTALES FEDERICO  
665 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141

MGRM  
GILBERT CARRILO  
2651 SW 109 AVE  
DAVIE, FL 333281004

D  
MARCELO BERUVIDES  
15280 NW 79TH CT #108  
MIAMI LAKES, FL 33016