

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


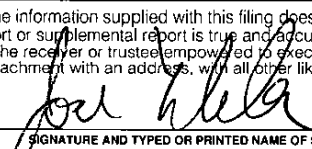
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Apr 28, 2005 8:00 am
Secretary of State

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04262005 Chg-NP CR2E037 (10/03)

DOCUMENT # 743650			
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 5600 NW 36 Street Suite, Apt. #, etc. #561		3. Mailing Address PO BOX 661597 Suite, Apt. #, etc.	
City & State Miami, FL		City & State MIAMI-SPRINGS, FL	
Zip 33122	Country	Zip 33266-1597	Country
4. FEI Number 59-1849595		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 JOSE L. CELA Street Address (P.O. Box Number is Not Acceptable) 5600 NW 36 STREET # 561 City MIAMI	
		FL Zip Code 33122	
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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TERRELONGE, RICHARD 16800 SW 82 AVE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR DANIEL LLANO 14140 SW 40 Terr, MIA, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEDERICO, COSTALES 665 NORTH SHORE DRIVE MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDUARDO GODOY 1111 Brickell AVE, #2801 Mia, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRILO, GILBERT 2651 SW 109 AVE DAVIE, FL 333281004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CARLOS JULIA 4805 NW 7 ST #208 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERUVIDES, MARCELO 15280 NW 79TH CT #108 MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, BARBARA 18301 BISCAYNE BLVD AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, GALE 110 SE 6TH ST #2800 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.			
SIGNATURE: 		Date: 4/25/5	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	