

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 046 \*\*\*\*70.00

**60015305**



01272006 Chg-NP CR2E037 (11/05)

<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	
Zip		Country		Applied For Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		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	CD	<input type="checkbox"/> Delete		TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELONGE, RICHARD			NAME	RICHARD TERRELONGE
STREET ADDRESS	16800 SW 82 AVE			STREET ADDRESS	12342 SW 140 ST
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	
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	
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERUVIDES, MARCELO			NAME	MARCELO BERUVIDES
STREET ADDRESS	15280 NW 79TH CT #108			STREET ADDRESS	3121 SW 82 CT.
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, BARBARA			NAME	BARBARA POTTS
STREET ADDRESS	18301 BISCAYNE BLVD			STREET ADDRESS	14400 NW 77 CT #205
CITY-ST-ZIP	AVENTURA, FL 33160			CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D	<input type="checkbox"/> Delete		TITLE	
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 exemptions contained in Chapter 119, 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: <i>Jose L. Cela</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/27/6	
		Jose L. Cela		Daytime Phone #: 305 871 2220	