
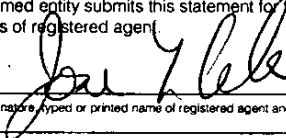
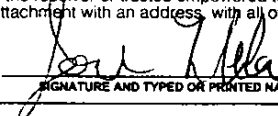


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90028 019 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	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		
			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 		JOSE L. CELA/PRESIDENT/CEO		1/18/07 DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	C	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRELONGE, RICHARD		NAME	ADDERLY, TCT	
STREET ADDRESS	12342 SW 140 ST		STREET ADDRESS	18850 NW 14-RD	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI GARDENS, FL 33169-3615	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEDERICO, COSTALES		NAME	Jose L. Cela	
STREET ADDRESS	665 NORTH SHORE DRIVE		STREET ADDRESS	5600 NW 36 St., #561	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	Miami, FL 33166	
TITLE	MGRM	<input checked="" 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	3121 SW 82 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, BARBARA		NAME		
STREET ADDRESS	14400 NW 77 CT 205		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		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 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: 		JOSE L. CELA		1/18/07 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	